PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

04 MAY 10 PM 1:18

SECRETARY OF STATE
TALLAHASSEE. FLORIDA

DOCUMENT # L02 0000 17709

1. Limited Liability Company's Name

Pro Equipment, LLC

2. Principal Office Address

2565 N.E. Indian River Dr.

Suite, Apt. #, etc.

City & State

Jensen Beach, Fl.

Zip	Country
34957	Martin

3. Mailing Office Address

2565 N.E. Indian River Dr.

Suite, Apt. #, etc.

City & State

Jensen Beach, Fl.

Zip	Country
34957	Martin

4. State/Country of Formation

Florida, United States

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number 65-1191700

	Applied For
	Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name MARK BRECHBILL, CPA

Street Address (P.O. Box Number is Not Acceptable) 215 S. Federal Highway

Suite, Apt. #, Etc. Suite 100

City STUART

State	Zip Code
FL	34994

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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

Date 4-27-04

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Pres.	MARK KENNY	13529 S. Indian River Dr. Jensen Bch Fl 34957	Jensen Bch Fl 34957

REINSTATEMENT 2003 2004 5-18-04

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager

Date 4-27-04   Daytime Phone # 772-334-3734

Typed or printed name of signing Managing Member/Manager MARK KENNY

CR2E041 (10/02)