

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 NOV 12 PM 2:22

DOCUMENT #

1. Limited Liability Company's Name

LO2000025301
PROFESSIONAL PROPERTY SERVICES

400137741674
11/07/08--01037--002 **793.75

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

10105 11 ST N
Suite, Apt. #, etc.

3. Mailing Office Address

10105 11 ST N
Suite, Apt. #, etc.

City & State

TAMPA, FL
Zip Country

33612 U.S.A

City & State

TAMPA, FL
Zip Country

33612 U.S.A

4. State/Country of Formation

FLORIDA / USA

**5. Date Organized or Qualified
To Do Business in Florida**

09/27/2002

6. FEI Number

45-0474337

☐ 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 ASTLEY G. FERGUSON

Street Address (P.O. Box Number is Not Acceptable)

3921 PINELIMB CT

Suite, Apt. #, Etc.

City TAMPA

State

FL

Zip Code

33614

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

Astley G. Ferguson
REGISTERED AGENT MUST SIGN

Date 11-04-08

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
MANAGER	PAUL ROBINSON	10105 11 ST. N	Tampa, FL 33612
MANAGER	HYACINTH ROBINSON	10105 11 ST. N	TAMPA, FL. 33612

REINSTATEMENT 2005-08

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

Paul Robinson

Date 11/4/08

Daytime Phone # (813) 355-7100

Typed or printed name of signing Managing Member/Manager