

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 MAR -3 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02444031968

1. Limited Liability Company's Name

Fire Professionals of Tallahassee

REINSTATEMENT 07-11 ^{K5}

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

4664 Fledgling Dr.
Suite, Apt. #, etc.

3. Mailing Office Address

4664 Fledgling Dr.
Suite, Apt. #, etc.

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

11/27/2003

6. FEI Number

20-3781340

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32311

Country

USA

Zip

32311

Country

USA

8. Name and Address of Current Registered Agent

Name

Jennifer Kessinger

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

4664 Fledgling Drive

Suite, Apt. #, Etc

City

Tallahassee

State

FL

Zip Code

32311

E-mail Address:

500196684955

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jennifer@fireprofessionalsfl.com
(To be used for future annual report notices)

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

J. Kessinger
REGISTERED AGENT MUST SIGN

Date 2/28/11

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
MEM	James Kessinger	4664 Fledgling Dr.	Tallahassee, FL 32311

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

J. Kessinger

Date 2/28/11

Daytime Phone # 850-491-8256

Typed or printed name of signing Managing Member/Manager