

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

09 OCT 23 PM 12:18

DOCUMENT # L03000000078

1. Limited Liability Company's Name

PROFORMANCE PROPERTIES, LLC

700162075767

10/23/09 **01028-013** ****288.75**
CR2E04 (10/08)

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

7100 S. Highway 17-92

3. Mailing Office Address

7100 S. Highway 17-92

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fern Park, Florida

City & State

Fern Park, Florida

Zip

32730

Country

USA

Zip

32730

Country

USA

4. State/Country of Formation

Florida / USA

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

01/02/2003

6. FEI Number

57-1147492

☐ **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

TRACY PIERCE

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

1302 Winter Springs Blvd.

Suite, Apt. #, Etc.

City

Winter Springs

State

FL

Zip Code

32708

☐ **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

Tracy Pierce

REGISTERED AGENT MUST SIGN

Date **10/16/09**

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
MGRM	B&P VENTURES, LLC	1302 Winter Springs Blvd.	Winter Springs, FL 32708

REINSTATEMENT 2009

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

Tracy Pierce
B&P Ventures, LLC

Manager

Date

10/16/09

Daytime Phone #

407-834-1424

Typed or printed name of signing Managing Member/Manager

Tracy Pierce

T. Hampton OCT 28 2009