

200.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 29 AM 10:27

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000002959

1. Limited Liability Company's Name

PRP Management LLC

2. Principal Office Address

1111 Brickell Ave

Suite, Apt. #, etc.

2910

City & State

Miami FL

Zip

33131

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

↓

Country

↓

CR2E041 (8/05)

4. Date of Organization

FL 11

5. Date Organized or Quasi
To Do Business in Florida.

6. FEI Number

043736766

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐35.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

JANE HOUK of WHITE & CASE LLP

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

WACHOVIA FINANCIAL CENTER 200 S. BISCAYNE BLVD

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33131

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

Jane Houk

REGISTERED AGENT MUST SIGN

Date 11/16/05

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
CEO	DARRYL PARMENTER	10255 LAKESIDE DR CORAL GABLES, FL 33156	
COO	ANDREW R WEISS	1111 Brickell Ave Suite 2910	Miami FL 33131

11/29/05--01028--005 **50.00

REINSTATEMENT 04-05

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

Andrew R Weiss

Date 10/20/05

Daytime Phone # 305-379-7500

Typed or printed name of signing Managing Member/Manager

ANDREW R WEISS