

L03000037279

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L03000037279

1. Limited Liability Company's Name

PROVO ENTERPRISES, LLC

2. Principal Office Address

18712 FOREST GLEN CT

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

33647

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

9/30/03

6. FEI Number

FW20-0810721

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

Corporation SERVICE COMPANY

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

1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

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

Laura R. Dunlap

Laura R. Dunlap  
as its agent

Date 9/21/05

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
MGRM	JOSEPH M PROVENZANO	18712 FOREST GLEN CT	TAMPA, FL 33647
MGRM	JUDITH R PROVENZANO	18712 FOREST GLEN CT	TAMPA, FL 33647

REINSTATEMENT

2004-2005

400059824224

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

Joseph M Provenzano

Date 9-12-05

Daytime Phone # 813-973-0307

Typed or printed name of signing Managing Member/Manager

JOSEPH M. PROVENZANO

CR2E041 (10/02)



CORPORATION SERVICE COMPANY

L03000037279

ACCOUNT NO. : 072100000032

REFERENCE : 606762 7397292

AUTHORIZATION :

*Patricia Pigato*

COST LIMIT : \$ 205.00

ORDER DATE : September 20, 2005

ORDER TIME : 11:53 AM

ORDER NO. : 606762-005

CUSTOMER NO: 7397292

CUSTOMER: Mr. Joseph M. Provenzano  
Mr. Joseph M. Provenzano  
18712 Forest Glen Ct

Tampa, FL 33647

*BK*

FILED  
05 SEP 21 PM 3:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: PROVO ENTERPRISES, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - Ext# 2935

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
05 SEP 21 PM 1:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA