

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

9-16-05  
250.00

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 FEB -2 AM 10:49

CR2E041 (8/05)

DOCUMENT # L03000048764

1. Limited Liability Company's Name

PRIVATE INVESTMENT RESEARCH LLC

2. Principal Office Address

1246 SWEETWATER LN

Suite, Apt. #, etc.

1602

City & State

NAPLES FL

Zip

34110

Country

USA

3. Mailing Office Address

- SAME -

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified  
To Do Business in Florida

12/1/3

6. FEI Number

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

WILLIAM HUTCHENS

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

1246 SWEETWATER LN

Suite, Apt. #, Etc.

#1602

City

NAPLES

State

FL

Zip Code

34110

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

*William Hutchens*

Date

1/12/7

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
PRES	WILLIAM HUTCHENS, CFA	1246 SWEETWATER LN #1602	NAPLES FL 34110

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

*William Hutchens*

Date

1/12/7

Daytime Phone # 239 348 5768

Typed or printed name of signing Managing Member/Manager

WILLIAM HUTCHENS