

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000052498
1. Limited Liability Company's Name
DONALD R. PRATT LLC

FILED
08 DEC 16 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
200139018042
12/15/08--01046--003 **\$55.00

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #
3960 SW CHEROKEE ST.
Suite, Apt. #, etc.
City & State
PALM CITY, FL.
Zip Country
34990 MARTIN

3. Mailing Office Address
- SAME -
Suite, Apt. #, etc.
City & State
FL
Zip Country
SAME

4. State/Country of Formation
FL. MARTIN

5. Date Organized or Qualified
To Do Business in Florida
12-11-03

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
DONALD R. PRATT
Street Address (P.O. Box Number is Not Acceptable)
3960 SW CHEROKEE ST
Suite, Apt. #, Etc.
City State Zip Code
PALM CITY FL 34990

☐ 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 Donald R Pratt
REGISTERED AGENT MUST SIGN

Date 12-11-08

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	DONALD R. PRATT	3960 SW CHEROKEE ST.	PALM CITY, FL.
			34990

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 Donald R Pratt Date 12-11-08 Daytime Phone # 772-215-1850
Typed or printed name of signing Managing Member/Manager DONALD R. PRATT