

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 MAR -7 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000018354

1. Limited Liability Company's Name

Pryor Grove & Tractor Service, LLC

CR2E041 (1/07)

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

7390 73rd Street

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1

Suite, Apt. #, etc.

City & State

Wabasso, FL

City & State

Wabasso, FL

Zip

32970

Country

United States

Zip

32970

Country

United States

4. State/Country of Formation

Florida/United States

5. Date Organized or Qualified
To Do Business in Florida

February 26, 2004

6. FEI Number

20-1172272

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

☒ 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.

8. Name and Address of Current Registered Agent

Name
Samuel J. Pryor

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

7390 73rd Street

Suite, Apt. #, Etc.

City
Wabasso

State
FL

Zip Code
32970

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

Samuel J. Pryor

REGISTERED AGENT MUST SIGN

Date **March 1, 2007**

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
MGM	Samuel J. Pryor	7390 73rd Street	Wabasso, FL. 32970
			400092371124 03/13/07--01039--007 **155.00
		REINSTATEMENT	05-07

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

Samuel J. Pryor

Date **03/01/07**

Daytime Phone # **772-633-8320**

Typed or printed name of signing Managing Member/Manager **Samuel J. Pryor**