

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000035240

1. Limited Liability Company's Name

Propfly, LLC.

2. Principal Office Address - No P.O. Box #
1923 Citrus Orchard Way

Suite, Apt. #, etc.

City & State

Valrico

Zip

33594

Country

USA

3. Mailing Office Address

1923 Citrus Orchard Way

Suite, Apt. #, etc.

City & State

Valrico

Zip

33594

Country

USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

05/23/2004

6. FEI Number

201089683

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
Jeff Landry

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

1923 Citrus Orchard Way

Suite, Apt. #, Etc.

City

Valrico

State

FL

Zip Code

33594

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

Date **6-24-2011**

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	Jeff Landry	1923 Citrus Orchard Way,	Valrico, FL 33594
Mgrm	Michael Rustenberghe	228 North Dover Road,	Dover, FL 33527
Mgrm	Peter Westerkamp	6302 E. MLK Suite 490,	Tampa, FL 33619
REINSTATEMENT - 2009-2011			

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Date **6-24-2011**

Daytime Phone #

813.657.2545

Typed or printed name of signing Managing Member/Manager

C.L.

516.25 total

FILED

2011 AUG 23 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400210040374
07/15/11--01031--012 **377.50

CR2E041 (1/11)

400210040374
08/24/11--01024--004 **138.75

curran@portolegalcenter.com

(To be used for future annual report notices)