

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000050128

1. Entity Name
FLORIDA PROPERTY TAX PROFESSIONALS, L.L.C.



Principal Place of Business
3700 34TH ST.
SUITE 200
ORLANDO, FL 32805

Mailing Address
3700 34TH ST.
SUITE 200
ORLANDO, FL 32805

2. Principal Place of Business *Carrington Ct.*
10132 PO Box 22162
Suite, Apt. #, etc.
Orlando Lake Buena Vista FL
City & State

3. Mailing Address
PO Box 22162
Suite, Apt. #, etc.
Lake Buena Vista FL
City & State



10162006 REIN-LLC CR2E101 (11/05)

Zip *32836* Country *USA*

Zip *32830* Country *USA*

4. FEI Number
59-3563653

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MITCHELL, DARRIN L
10209 LEEDS CT.
ORLANDO, FL 32836

7. Name and Address of New Registered Agent

Name *Darrin L. Mitchell*
Street Address (P.O. Box Number is Not Acceptable)
10132 Carrington Ct.
City *Orlando* FL Zip Code *32836*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

10/16/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2007, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME MITCHELL, DARRIN L
STREET ADDRESS 10209 LEEDS CT.
CITY-ST-ZIP ORLANDO, FL 32836 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR
NAME *Darrin L. Mitchell*
STREET ADDRESS *10132 Carrington Ct*
CITY-ST-ZIP *Orlando FL 32836* ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED

06 NOV -8 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

10/16/06