PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

cc	ED LIAE OMPAN STATEM	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				07 DEC -7 AM 10: 45		
DOCUMENT # L04000080651 1. Limited Liability Company's Name						τ,	SECRETARY OF STATE ALLAHASSEE. FLORIDA	
ProProcessing, LLC								
2. Principal 4 421 S	Office Addre	3. Mailing Office Address 421 SW 29th Avenue				CR2E041 (1/07) LState/Country of Formation FL, USA		
Suite, Apt. #,	etc.	Suite, Apt. #, etc.				5. Date Organized or Qualified To Do Business in Fiorida 11/7/2004		
City & State Cape	Coral,	Cape Coral, FL				6. FEI Number V Applied For Not Applicable		
^{Zip} 33991	3991 Country USA		^{Zip} 33991		US	SA	7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent								
Hölly Oswald						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		
Street Address (P.O. Box, Number is Not Acceptable) 421 SW 29th Avenue								
Suite, Apt. #, Etc.								
Cape	Coral		State 33991			33991	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 REGISTERED AGENT MUST SIGN Date								
10. Names and Street Addresses of Managing Members/Managers								
Titles	Name of Street Ad Managing Members/ Managers Managing M				S Man	treet Address of Eac aging Member/Mana	h ager	City / State / Zip
MNGR Holly Oswald				421 SW 29th Avenue			nue	Cape Coral, FL 33991
							11/21	10112599190 70701018016 **200.00
REINSTATEMENT 12/07/0701002018 **75.90								
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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 cath. Signature of Managing Member/Manager Date D								
Typed or printed name of signing Managing Member/Manager								