

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 29 AM 8:31

DOCUMENT # L05000014926

1. Entity Name
PROKOS PERFORMANCE, LLC



Principal Place of Business

~~5201 WASHINGTON ROAD~~
~~DELRAY BEACH, FL 33484~~

Mailing Address

~~5201 WASHINGTON ROAD~~
~~DELRAY BEACH, FL 33484~~

2. Principal Place of Business

380 SE 19 Avenue

Suite, Apt. #, etc.

3. Mailing Address

380 SE 19 Avenue

Suite, Apt. #, etc.



12202006 REIN-LLC CR2E101 (11/05)

City & State

Deerfield Beach, FL

City & State

Deerfield Beach, FL

4. FEI Number

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

USA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PROKOS, RANDY
5201 WASHINGTON ROAD
DELRAY BEACH, FL 33484

7. Name and Address of New Registered Agent

Name

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

380 SE 19 Avenue

City

Deerfield Beach

FL

Zip Code

33441

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

Randy Prokos

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12/26/06

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
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM
PROKOS, RANDY
~~5201 WASHINGTON ROAD~~
~~DELRAY BEACH, FL 33484~~

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☒ Change ☐ Addition

380 SE 19 Avenue
Deerfield Beach FL 33441

TITLE
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CITY - ST - ZIP

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REINSTATEMENT 2006

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 608, Florida Statutes.

SIGNATURE:

Randy Prokos

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

12/26/06

Date

561 212 1243

Daytime Phone #