

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05006019478

1. Limited Liability Company's Name

Pro-Team Realty Group LLC

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

19652 NWCR 275

Suite, Apt. #, etc.

3. Mailing Office Address

19652 NWCR 275

Suite, Apt. #, etc.

City & State

ALTHA, FL

City & State

ALTHA, FL

Zip

32421

Country

USA

Zip

32421

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

2-25-2005

6. FEI Number

203243882

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

William L. Jerry

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

19652 NWCR 275

Suite, Apt. #, Etc.

City

Altha

State

FL

Zip Code

32421

2013 138.75
2014 138.75
2015 138.75
reinst fee 100.00
certif. 5.00
\$501.25

521.25

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of

Registered Agent

William L. Jerry

Date

W15000015389

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	<u>William L. Jerry</u>	<u>19652 NWCR 275</u>	<u>Altha, FL 32421</u>
			<u>600270206476</u> <u>03/24/15--01036--009 **28.75</u>
			<u>600270206476</u> <u>03/03/15--01031--008 **501.25</u>
			<u>S. HAWKES</u> <u>MAR - 3 A.M.</u>

REINSTATEMENT

2013-2015

20.00
Balance

11. E-mail Address:

proteamrealty@fairpoint.net

(To be used for future annual report notifications)

EXAMINER

12. I certify that I am an authorized representative/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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

William L. Jerry

Date

2-24-2015

Daytime Phone #

850-674-3002

Typed or printed name of signing Authorized Representative/Manager



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 4, 2015

PRO-TEAM REALTY GROUP, LLC
19652 NWCR 275
ALTA, FL 32421

SUBJECT: PRO-TEAM REALTY GROUP, LLC
Ref. Number: W15000015389

We have received your document for PRO-TEAM REALTY GROUP, LLC and your check(s) totaling \$501.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100 reinstatement fee; \$138.75 filing fee for current year. Therefore, the total amount due to reinstate the limited liability company at this time is \$521.25.

Please include an additional \$5.00 for each certificate of status requested (optional).

There is a balance due of \$20.00. If a certificate of status is desired, please add an additional \$8.75

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 115A00004398