

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 SEP 11 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

L05000022035

1. Limited Liability Company's Name

Conquest Partners, LLC

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

1661 Williamsburg Sq

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 2007

Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

Lakeland, FL

Zip

33803

Country

Zip

33806

Country

CR2E041 (1/14)

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified
To Do Business in Florida

3/4/2005

6. FEI Number

202446745

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

Thomas S. Petcoff

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

1661 Williamsburg Square

Apt. # Etc.

City

Lakeland

State

FL

Zip Code

33803

200276980812
09/11/15--01014--015 **\$77.50

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

Thomas S. Petcoff

REGISTERED AGENT MUST SIGN

Date 9/8/15

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
MGAM	Thomas S. Petcoff	1661 Williamsburg Sq	Lakeland, FL 33803

11. E-mail Address: Tom@baron Realty . Com

(to be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager of the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Thomas S. Petcoff

Date

9/8/15

Daytime Phone #

863-607-4100

Typed or printed name of signing authorized representative/member

Thomas S. Petcoff