

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000038692

1. Limited Liability Company's Name

Pro-Cycle, LLC

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

672 West Gaines St.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32305

Country

Leon

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida, Leon County

**5. Date Organized or Qualified
To Do Business in Florida**

6. FEI Number

11-3749460

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

Keith Floyd

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

402 E. Carolina St.

Suite, Apt. #, Etc.

Apt. 3

City

Tallahassee,

State

FL

Zip Code

32301

☒ 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 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

Keith Floyd

REGISTERED AGENT MUST SIGN

Date 4/27/07

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Keith Floyd	402 E. Carolina St. Apt. 3	Tallahassee, FL 32301
			800102526848 05/15/07--01039--007 **100.00
			REINSTATEMENT 06-07

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 oath.

Signature of
Managing Member/Manager

Keith Floyd

Date

4/27/07

Daytime Phone #

850-577-3042

Typed or printed name of signing Managing Member/Manager