

LOG000008668

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 SEP 29 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LOG000008668

1. Limited Liability Company's Name

PRIME ASSETS OF TALLAHASSEE, LLC

500136473215
09/30/08--01005--007 ***877.50

CR2E041 (12/07)

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

7156 SHADY GROVE

Suite, Apt. #, etc.

3. Mailing Office Address

P. O. BOX 15877

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FLORIDA

Zip

32312

Country

USA

City & State

TALLAHASSEE, FLORIDA

Zip

32317-5877

Country

USA

4. State/Country of Formation

FLORIDA

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

01/26/2006

6. FEI Number

20-4277450

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

SUSAN S. THOMPSON

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

3520 THOMASVILLE ROAD

Suite, Apt. #, Etc.

FOURTH FLOOR

City

TALLAHASSEE

State

FL

Zip Code

32309

☐ 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

Susan S. Thompson

Date

9-23-08

REGISTERED AGENT MUST SIGN

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	ANTOINE BOULOS	2102 E. PARK AVENUE	TALLAHASSEE, FL 32301

REINSTATEMENT 2007-2008

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

Antoine Boulos

Date

10-23-08

Daytime Phone # **850-556-6660**

Typed or printed name of signing Managing Member/Manager **ANTOINE BOULOS**