

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

NOT A JEL
AND
FILED

15 SEP -4 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L0600000 8668

1. Limited Liability Company's Name

Prime Assets of Tallahassee, LLC

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

2959 Apalachee Pkwy

Suite, Apt. #, etc.

3. Mailing Office Address

S/A

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Zip

32301

Country

U.S.

Zip

Country

8. Name and Address of Current Registered Agent

Name

Hartman Law Firm, P.A.

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

2865 Remington Green Circle

Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32308

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

[Signature]

Date

9-1-15

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	Pyramid Estates, LLC	2959 Apalachee Pkwy	Tallahassee, FL 32301

11. E-mail Address:

dan@FLLegalTeam.com

(To be used for future annual report notifications)

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 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

[Signature]

Date

9-1-15

Daytime Phone #

850-443-1754

Typed or printed name of signing authorized representative/member

Daniel W. Hartman, Esq. Authorized Representative