

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 APR -9 PM 3:00

DOCUMENT # L06000033420

1. Limited Liability Company's Name

Probatessdaily.com, LLC

700175189637  
04/09/10--01036--019 \*\*421.25

CR2E041 (11/09)

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

5510 S. MacDill Ave

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 13649

Suite, Apt. #, etc.

City & State

Tampa FL 33611

City & State

Tampa FL

Zip

33611

Country

USA

Zip

33681

Country

USA

4. State/Country of Formation

FL USA

5. Date Organized or Qualified  
To Do Business in Florida

3/30/06

6. FEI Number

20-4638561

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

Michael Kane

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

5510 S. MacDill Ave.

Suite, Apt. #, Etc

City

Tampa

State

FL

Zip Code

33611

☒ 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

Date 4/7/10

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
MEMBER	Michael Kane	5510 S. MacDill Ave	Tampa FL 33611
MEMBER	Michael Parisi	2044 Park Crescent Dr.	Lind O Lakes FL 34639
REINSTATEMENT 2008-2010			

11. E-mail Address: mike.kane@foreclosuresdaily.com

(To be used for future annual report notifications)

12. 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

Date

4/7/10

Daytime Phone #

813-476-7820

Typed or printed name of signing Managing Member/Manager

Michael Kane