

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF  
DIVISION OF CORPORATIONS

09 JUN -2 PM 12: 09

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L06000052444

1. Limited Liability Company's Name

PROSPECT INVESTMENTS, LLC

**REINSTATEMENT** *DB-09 IBM*

400156514134  
05/28/09--01020--020 \*\*382.75

CR2E041 (10/08)

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

4262 PINE ISLE DR

Suite, Apt. #, etc.

3. Mailing Office Address

4262 PINE ISLE DR

Suite, Apt. #, etc.

City & State

LUTZ, FL

City & State

LUTZ, FL

Zip

33558

Country

USA

Zip

33558

Country

USA

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified

To Do Business in Florida 05/22/2006

6. FEI Number

06-1828671

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

AMEET A PUNWANI-CPA

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

2240 TWELVE OAKS WAY

Suite, Apt. #, Etc.

SUITE 102

City

WESLEY CHAPEL

State

FL

Zip Code

33544

☒ 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

REGISTERED AGENT MUST SIGN

Date

5/20/09

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	SADAF BAZARGAN	4262 PINE ISLE DR	LUTZ, FL 33558

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

Date 05/20/2009

Daytime Phone # 813-300-3300

Typed or printed name of signing Managing Member/Manager SADAF BAZARGAN