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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


10 JUN 16 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700171390007
03/08/10--01004--009 **421.25

CR2E041 (11/09)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L06000080291**

1. Limited Liability Company's Name

Prosperity Processing LLC
W10-1187A

2. Principal Office Address - No P.O. Box # 825 SW 9th St		3. Mailing Office Address 825 SW 9th Street	
Suite, Apt. #, etc. Rear		Suite, Apt. #, etc. Rear	
City & State Hallandale, FL		City & State Hallandale, FL	
Zip 33009	Country USA	Zip 33009	Country USA

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 5/2/2006	
6. FEI Number 83-045-5347	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
Linda Chisolm

Street Address (P.O. Box Number is Not Acceptable)
825 SW 9th Street

Suite, Apt. #, Etc.
Rear

City
Hallandale

State
FL

Zip Code
33009

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 **Linda Chisolm** Date **3/1/2010**
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
MGR	Linda Chisolm	825 SW 9th Street Rear	Hallandale, FL 33009
MGR	Rufus Chisolm	825 SW 9th Street Rear	Hallandale, FL 33009
	L. SELLERS		
	JUN 17 2010		
	EXAMINER		

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06/10/10--01002--003 **238.75

07-2010

11. E-mail Address: **LindaNES@gmail.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 **Linda Chisolm** Date **3/1/10** Daytime Phone # **954-457-5958**
Typed or printed name of signing Managing Member/Manager _____