

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

LO7000066454

1. Limited Liability Company's Name

PROSPECT PROPERTIES LLC

600264611646
09/23/14--01018--002 **680.00

CR2E041 (1/14)

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

9795 NW 48TH DR

Suite, Apt. #, etc.

City & State

CORAL SPRINGS FL

Zip

33076

Country

USA

3. Mailing Office Address

9795 NW 48TH DR

Suite, Apt. #, etc.

City & State

CORAL SPRINGS FL

Zip

33076

Country

USA

4. State/Country of Formation

FL USA

5. Date Organized or Qualified
To Do Business in Florida
6/25/2007

6. FEI Number



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

MOHAMMED HAROON

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

9795 NW 48TH DR

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip Code

33076

FILED
14 SEP 23
TALLAHASSEE
SECRETARY OF STATE

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

Date **9/16/14**

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	MOHAMMED HAROON	9795 NW 48TH DR	CORAL SPRINGS FL 33076
MGR	YASMEEN HAROON	9795 NW 48TH DR	CORAL SPRINGS FL 33076

SEP 26 2014

S. YOUNG

11. E-mail Address: **SUMAIRH85@GMAIL.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 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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date **9/16/14**

Daytime Phone # **954-295-2674**

Typed or printed name of signing Authorized Representative/Manager **MOHAMMED HAROON**