## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L08000 110857

Typed or printed name of signing Authorized Representative/Manager Mr. Alan Bridges

1. Limited Liability Company's Name

**Profit Shield LLC** 

14 JUN ZT AMII: 15
ALLAHASSEE, FLORIDA

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,, · · · ·											
2. Delegated Office Address No D.O. Bourti. 2. Marille		ng Office Address		CR2E041 (1/14)							
5210 Causeway Blvd		3. Mailing Office Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Florida							
City & State		City & State		ness in Florida							
Tampa FI					Applied For						
Country	Zip	Country	7.	\$5.00	Not Applicable  Additional Fee required a Certificate of Status						
8. Name and Addre	ess of Current Registe	ered Agent	<b>.</b>		1/6/0						
Name Alan Bridges			-11114m0040483								
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	07/15/1401017-		5/1401017001	**411.25							
City State Zip Co.			800261789568 - 06/27/1401001015 **105.00								
, 1	$\cap$ $/$	FL 33619	<b>~</b> -· -	[6] Wasser							
pointed the registered agent of the	above pamen limited	liability company, am familiar with ar	nd accept the obliga	itions of Chapter 605, F.S.							
AlVID			.=,		ſ						
Signature of Registered Agent				Date							
<u> </u>											
and Street Addresses of Authorized	d Representative Man	lagers		Ι							
Name of Authorized Representatives/ Managers		Street Address of Each Authorized Representative/ Manager		City / Stat	e / Zip						
vner Mr. Alan Bridges		5210 Causeway Blvd		Tampa Fl	33619						
PEINICTAT	CENTEN										
<b>WITTINIO</b>	CIVILIA			S. HAWKI	ES						
2012-2014		5/08		JUN 3-0 A.M.  EXAMINER							
								$\smile$		E/Valviii ve	
						ess: allintr@got_rack	com a				5
reinstatement application the read	of for dissolution bas h	been eliminated the limited liability or	ompany name satis	fies the requirements of section	n 605 0012, F.S. and						
ed by the limited liability company	have been paid the in	formation indicated on this application	on is true and accur	ate, and my signature shall have provided in a 817 155, F.S.	ve the same legal effect						
				813-246-58							
	8. Name and Addresses (P.O. Box Number is Not Accept the eway Blvd Etc.  Pointed the registered agent of the ent Managers Mr. Alan Brick Mr. Alan B	Suite, Apt. #, etc.  City & State  Country  B. Name and Address of Current Register  B. Name and Address of Current Reg	Country    Country   Zip	Sulte, Apt. #, etc.    Sulte, Apt. #, etc.   Florida	Sulter   Address of Country   State   State						