

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Dec 30, 2014 08:00 AM
Secretary of State

DOCUMENT # **L09000099779**

1. Limited Liability Company's Name

FIREFLY PROFESSIONAL SERVICES, LLC.

2. Principal Office Address - No P O Box #

1321 FISHERS PLACE

Suite, Apt. #, etc.

City & State

GREENACRES, FL

Zip

Country

33413 USA

3. Mailing Office Address

1321 FISHERS PLACE

Suite, Apt. #, etc.

City & State

GREENACRES, FL

Zip

Country

33413 USA

CR2E041 (1/14)

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified To Do Business in Florida

10/15/2009

6. FEI Number

271268957

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

BOBBIE L. SWISTAK

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

1321 FISHERS PLACE

Suite, Apt. #, Etc.

City

GREENACRES

State

FL

Zip Code

33413

100267936371
01/02/15--01024--016 **238.75

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

12/29/14

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
MR.	DAVID P. SWISTAK	1321 FISHERS PLACE	GREENACRES/FL/33413
MRS.	BOBBIE L. SWISTAK	1321 FISHERS PLACE	GREENACRES/FL/33413
REINSTATEMENT			JAN 02 2014
			R. HUNT

11. E-mail Address: **DAVIDSWISTAK@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

12/29/14

Daytime Phone #

301 716 09103

Typed or printed name of signing Authorized Representative/Manager

DAVID P. SWISTAK