

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

15 FEB 16 PM 9:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L1200000 8263

1. Limited Liability Company's Name

Prospect Well Drilling & Irrigation LLC

CR2E041 (1/14)

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

107 22nd Street

Suite, Apt. #, etc.

City & State

Niceville FL

Zip

32578

Country

3. Mailing Office Address

141 Eastern Street

Suite, Apt. #, etc.

City & State

Freeport, FL

Zip

32439

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida 1/17/2012

6. FEI Number

593037953

☐ 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

Ana O Brown

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

141 Eastern Street

Suite, Apt. #, Etc.

City

Freeport

State

FL

Zip Code

32439

600269570706  
02/16/15--01009--013 \*\*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

*Ana O Brown*

REGISTERED AGENT MUST SIGN

Date

2-10-2015

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
<del>MGR</del>	AR	Doug Ray	107 22nd Street	Niceville, FL 32578
<del>MGR</del>	AR	Randy Brown	141 Eastern Street	Freeport FL 32439
MGR		Ana O BROWN	141 EASTERN STREET	FREEPORT FL 32439

REINSTATEMENT

2015

11. E-mail Address: randybarri@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

*Randy Brown*

Date Feb 11 2015

Daytime Phone # 850-685-4825

Typed or printed name of signing Authorized Representative/Manager

Randy Brown