

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
15 DEC 16 AM 6:22

DOCUMENT #

1 Limited Liability Company's Name

612000030979
THE PROUD TRUTH LLC

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

9102 WEST BAY HARBOR DR. BAY HARBOR FL 33154
BAY HARBOR FL 33154

Suite, Apt. #, etc

9CW

City & State BAY HARBOR FL.

Zip

33154

Country

USA

3 Mailing Office Address

9102 WEST BAY HARBOR DR. BAY HARBOR FL 33154
BAY HARBOR FL 33154

Suite, Apt. #, etc

9CW

City & State BAY HARBOR FL.

Zip

33154

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified To Do Business in Florida

FEB. 28, 2012

6. FEI Number

454696960

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 STANLEY FORREST

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

9102 WEST BAY HARBOR DR.

Apt. #, Etc

SUITE 9CW

City

BAY HARBOR

State

FL

Zip Code

33154

500279943395

12/10/15--01032--008 **243.75

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

Stanley Forrest

REGISTERED AGENT MUST SIGN

2015
Date NOV 12, 2015

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

MEM.

PRES.

MAN.

SECT.

MAN.

SECT.

MAN.

SECT.

MAN.

SECT.

MAN.

SECT.

MAN.

SECT.

MAN.

SECT.

MAN.

SECT.

MAN.

SECT.

MAN.

SECT.

MAN.

SECT.

MAN.

REINSTATEMENT

2015

S. HAWKES

DEC 14 A.M.

11. E-mail Address FORDHAMSTAM4@GMAIL.COM

(To be used for future annual report notifications)

EXAMINER

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 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Stanley Forrest

Date

NOV 12, 2015

Daytime Phone #

3052139079

Typed or printed name of signing authorized representative/member

STANLEY FORREST