Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (800)345-4647
Fax Number : (800)432-3622

RECEIVED
2018 APR -5 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LIMITED LIABILITY REINSTATEMENT

PRF LIMITED PARTNER IV, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$932.50

Kim Tadlock 8004323522 (03/03) 04/04/2018 03:58:05 PM

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 APR 4 AM 9:23

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L12000089124

1. Limited Liability Company's Name
PRF LIMITED PARTNER IV, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
701 BRICKELL AVE		701 BRICKELL AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
STE. 2020		STE. 2020	
City & State		City & State	
MIAMI, FL		MIAMI, FL	
Zip	Country	Zip	Country
33131	US	33131	US

CR2E041 (1/14)

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business In Florida 07/06/2012

6. FEI Number
45-5638188
☐ 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
Capitol Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable) Suite,
515 E. Park Ave., 2nd Floor

Apt. #, Etc.

City	State	Zip Code
Tallahassee	FL	32301

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 Kim Tadlock Kim Tadlock, Asst Sect on behalf of Capitol Corporate Services, Inc. Date 04/04/18

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
VP	WEISS, ANDREW R	701 BRICKELL AVE, STE. 2020	MIAMI, FL 33131
			APR - 5 2018
			M. WILLIAMS

11. E-mail Address: aswhitworth@pamco.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 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 _____ Date 04.04.2018 Daytime Phone # 3059602124

Typed or printed name of signing authorized representative/member _____

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CAPITOL SERVICES

FAX TRANSMITTAL

To: **Date:** 04/04/2018 03:57:07 PM Central Time

Company: FL SOS
Attn:
Fax No: 850-617-6384

Number of pages transmitted including cover page: 3

From:

Name: Kim Tadlock
Email: ktadlock@capitolservices.com
Fax No: 800-432-3622
Voice No: 855-498-5500

Subject:
