

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2017 SEP 25 PM 12:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L4000118209

1. Limited Liability Company's Name

D 3 PROPHET MOBILE LLC

CR2E041 (12/13)

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

4631 sand dollar LN

Suite, Apt. #, etc.

3. Mailing Office Address

9631 sand dollar LN

Suite, Apt. #, etc.

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

July 28 2014

City & State

Tallahassee FL

City & State

Tallahassee FL

Zip

32317

Country

USA

Zip

32317

Country

USA

6. FEI Number

47-1420787

☐ 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

Claude E Hall

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

9631 sand dollar LN

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32317

E-mail Address:

CemCen1@msn.com

(To be used for future annual report notices)

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

Claude E Hall

400303804364

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REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
<u>CEO</u> <u>COO</u>	<u>Claude E Hall</u>	<u>9631 sand dollar LN</u>	<u>Tallahassee FL 32317</u>

SEP 25 2017

C. CARROTHERS

11. I certify that I am an authorized person 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 requirements of Chapter 605, 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 Person

Claude E Hall

Date

9-25-17

Daytime Phone #

850-294-9265

Typed or printed name of signing Authorized Person