

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM


FILED

2022 JAN 28 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FL

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01/28/22--01002--002 **1120.00
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01/28/22--01002--002 **1120.00

CR2E041 (1/14)

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L15000111222

1. Limited Liability Company's Name
STRUCTURE PRO, LLC

2. Principal Office Address - No P.O. Box # 15161 White Wagtail Ln Suite, Apt #, etc. City & State Winter Garden, FL Zip Country 34787 USA		3. Mailing Office Address 15161 White Wagtail Ln Suite, Apt #, etc. City & State Winter Garden Zip Country 34787 USA	
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4. State/Country of Formation Florida/USA	
5. Date Organized or Qualified To Do Business in Florida 06/27/2015	
6. FEI Number 47-4432745	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent

Name
Frank Danso

Street Address (P.O. Box Number is Not Acceptable) Suite,
15161 White Wagtail Ln

Apt. #, Etc.

City State Zip Code
Winter Garden FL 34787

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 *Frank Danso* Date 01/05/2022

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
AMBR	Frank Danso	15161 White Wagtail Ln	Winter Garden, FL 34787

11. E-mail Address: fdclde4@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 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 *Frank Danso* Date 01/05/2022 Daytime Phone # 347-359-2473

Typed or printed name of signing authorized representative/member Frank Danso