

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. **FILED**

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2017 APR 11 AM 12:00

SECRETARY OF STATE
JAIL ABASSI (FLORIDA)

DOCUMENT # L15000134733

1. Limited Liability Company's Name
PROVEST ONE LLC

200297806632

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 101 EAST KENNEDY BOULEVARD		3. Mailing Office Address 101 EAST KENNEDY BOULEVARD	
Suite, Apt. #, etc. Suite 2400		Suite, Apt. #, etc. Suite 2400	
City & State TAMPA, FL		City & State TAMPA, FL	
Zip 33602	Country USA	Zip 33602	Country USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida
08/06/2015

6. FEI Number
47-4690294

☐ 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
Paul Catania

Street Address (P.O. Box Number is Not Acceptable)
101 EAST KENNEDY BOULEVARD

Suite, Apt. #, Etc.
Suite 2400

City
Tampa

State
FL

Zip Code
33602

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

Paul Catania

Date **4/6/17**

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
MGR	Paul Catania	101 EAST KENNEDY BOULEVARD	Tampa FL 33602

11. E-mail Address **lisa@cataniaandcatania.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 the 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

Paul Catania

Date

4/6/17

Daytime Phone #

813/842-4455

Typed or printed name of signing Authorized Representative/Manager **Paul Catania**

CT CORP**3458 Lakeshore Drive, Tallahassee, FL 32312****850-656-4724****850-508-1891 (cell)**

Date: _____

4/10/17

ACCT. 120160000072

W: C SW

Name:	<u>Prop Vest One LLC</u>
Document #:	
Order #:	<u>10439013</u>

Certified Copy of Arts & Amend:			
Plain Copy:			
Certificate of Good Standing:			
Apostille/Notarial Certification:		Country of Destination:	
		Number of Certs:	

Filing:

Certified:

Plain:

COGS:

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 377.50

Thank you!

RECEIVED
2017 APR 10 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA