

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

2020 SEP 24 PM 12:07

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L17000259304

1. Limited Liability Company's Name Prince Sterilization Services LLC

100352673911 09/24/20--01027--006 **377.9 OPEN*

2. Principal Office Address - No P.O. Box 5912 Vintage Oaks Circle

3. Mailing Office Address 5912 Vintage Oaks Circle

State Act # 400

State Act # 400

4. State of Incorporation Florida

5. Date Organized or Qualified to Do Business in Florida December 20, 2017

City & State Deiray Beach Florida

City & State Deiray Beach Florida

6. FEI Number 82-3859424 Applied For Not Applicable

Zip 33484

Country USA

Zip 33484

Country USA

7. CERTIFICATE OF STATUS DEMAND \$3.00 Additional Fee required for a certificate of status

8. Name and Address of Current Registered Agent

Name Daniel L. Prince Street Address (P.O. Box Number is Not Acceptable) 5912 Vintage Oaks Circle Apt # 110

City Deiray Beach State FL Zip 33484

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 905 F.S.

Signature of Registered Agent [Signature] Date 8/27/2020 REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Table with 4 columns: Title, Name of Authorized Representative/Manager, Street Address of Each Authorized Representative/Manager, City, State, Zip. Row 1: MGR, Daniel L. Prince, 5912 Vintage Oaks Circle, Deiray Beach Florida 33484

REINSTATEMENT

SEP 24 2020

R. HUNT

11. E-mail Address dprince225@gmail.com

12. I certify that I am an authorized representative/manager of the recipient or trustee empowered to execute this application as provided for in Chapter 905, 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 905.01(2), 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 in person. An award of a certificate of status as provided for in s. 817.155, F.S.

Signature of authorized representative [Signature] 8/27/20 201 321 1457 Type or printed name of signing authorized representative Daniel L. Prince