

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

STATE OF FLORIDA
DIVISION OF CORPORATIONS

2021 Jan 29 PM 12:07

DOCUMENT # L19000120080

1. Limited Liability Company's Name
PRINCETON CAPITAL MARKETS ADVISORS, LLC

800258180728
01/29/21 12:07 PM

2. Principal Office Address - No P.O. Box # 230 E Marks Street Suite, Apt. #, etc.		3. Mailing Office Address 230 E Marks Street Suite, Apt. #, etc.	
City & State Orlando, Florida		City & State Orlando, Florida	
Zip 32803	Country USA	Zip 32803	Country USA

CR2ED41 (1/14)

4. State/Country of Formation FLORIDA, USA	
5. Date Organized or Qualified To Do Business in Florida 05/02/2019	
6. FEI Number 851777745	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
PEDRO JUAN MARRERO ASCATIO

Street Address (P.O. Box Number is Not Acceptable) Suite,
230 E Marks Street

Apt. #, Etc

City State Zip Code
Orlando FL 32803

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

Date 01/26/2021

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
MGR	PEDRO JUAN MARRERO ASCATIO	230 E Marks Street	Orlando, Florida 32803
REINSTATEMENT			JAN 29 2021
			R. NUNT

11. E-mail Address pedro.marrero@engelvoelkers.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 01/26/2021 Daytime Phone # 407-361-6656

Typed or printed name of signing authorized representative/manager PEDRO JUAN MARRERO ASCATIO