

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2021 MAR -1 PM 12:07

**DOCUMENT #** L19000199946

1. Limited Liability Company's Name  
**PRO COMP TECHNOLOGIES L.L.C**

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

**13506 74TH ST N**

Suite, Apt. #, etc

City & State

**WEST PALM BEACH, FLORIDA**

Zip

**33412**

Country

**USA**

3. Mailing Office Address

**13506 74TH ST N**

Suite, Apt. #, etc

City & State

**WEST PALM BEACH, FLORIDA**

Zip

**33412**

Country

**USA**

8. Name and Address of Current Registered Agent

Name

**Registered Agents, Inc.**

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

**7901 4th Street N**

Apt. #, Etc

**731**

City

**St. Petersburg**

State  
**FL**

Zip Code  
**33412**

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

*Bee Hunt*

Date **2/16/2021**

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
Owner	JAAFAR KERAQUI	13506 74TH ST N	WEST PALM BEACH, FL 33412

**REINSTATEMENT**

**MAR 2 2021**

**R. HUNT**

11. E-mail Address **J.KERAQUI@PROCOMPTECHNOLOGIES.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

*JAAFAR KERAQUI*

Date **02/16/2021**

Daytime Phone # **561-635-3803**

Typed or printed name of signing authorized representative/member

**JAAFAR KERAQUI**

600861184996  
03/02/21--01032--001 \*\*243.75

CR2E041 (1/14)

4. State/Country of Formation

**FLORIDA, USA**

5. Date Organized or Qualified  
To Do Business in Florida

**08/06/2019**

6. FEI Number

(EIN NUMBER): **84-2762069**

Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

**\$5.00 Additional Fee required  
for a certificate of status**