PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

23 NOV -6 AM 3:58

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DOCUMENT # L22000393633

1. Limited Liability Company's Name
NORTH FLORIDA PRESTIGE TAX SERVICES LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1303 Ocala Rd.	1303 Ocala Rd.
Suite, Apt. #, etc. #214	Suite, Apt. #, etc. #214
City & State Tallahassee, FL	City & State Tallahassee, FL
Zip 32304 Country LEON	Zip 32304 Country

4. State/Country of Formation Florida / United States

5. Date Organized or Qualified To Do Business in Florida 9-13-22

6. FEI Number ____ ☐ 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: Zalika Coleman

Street Address (P.O. Box Number is Not Acceptable) Suite:
1700 N. Monroe St. #316

Apt. #, Etc

City: Tallahassee State: FL Zip Code: 32303

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: Zalika Coleman Date: 11/06/2023
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
AR & BR	Zalika Coleman	1303 Ocala Rd. #214	Tallahassee FL 32304

11. E-mail Address: taxsolutions@northfloridaprestigetaxservices.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: Zalika Coleman Date: 11/06/2023 Daytime Phone #: 850-672-2513

Typed or printed name of signing authorized representative/member: ____