

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 JUL 27 PM 1:46

DOCUMENT # L99000001383

1. Limited Liability Company's Name

PLATINUM PROJECT MGMT., L.C.

100106977451  
07/31/07--01022--003 \*\*\$500.00

CR2E041 (1/07)

\$500.00

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

6234 Fairway Bay

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

GULFPORT FL

City & State

GULFPORT FL

Zip  
33701

Country

FL-USA

Zip

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

59-3565211

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

Ulrike Ballerscheff

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

6234 Fairway Bay

Suite, Apt. #, Etc.

City

GULFPORT

State

FL

Zip Code

33701

☐ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date APR 30/2007

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Pres.	<u>ULRIKE BALLERSCHEFF MGRM</u>	<u>GULFPORT FL 33701</u>	<u>GULFPORT FL 33701</u>
COO	<u>HAROLD FREUDENAU MGRM</u>	<u>GULFPORT FL 33701</u>	<u>GULFPORT FL 33701</u>
MGRM	<u>ULRIKE BALLERSCHEFF REINSTATEMENT 2006-2007</u>	<u>6234 FAIRWAY BAY</u>	<u>GULFPORT FL 33701</u>
MGRM	<u>HAROLD FREUDENAU</u>	<u>GULFPORT FL 33701</u>	<u>GULFPORT FL 33701</u>

11. I certify that I am managing member/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 608.406, 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.

Signature of  
Managing Member/Manager

[Signature]

Date 4/30/07

Daytime Phone # 727-384-4703

Typed or printed name of signing Managing Member/Manager

HAROLD FREUDENAU

TXH - FD 59-3565211