

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FILED
L99000001480
DIVISION OF CORPORATIONS

FILED

02 OCT 25 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L99000001480

Name and Mailing Address

0000783 01 FP 0.352 **PRSR T3 0 0615 32805-661350



FLORIDA PROPERTY TAX PROFESSIONALS L.L.C.

3700 34TH STREET, SUITE 200

ORLANDO FL 32805-6613



10/4/02

2. New Mailing Address

City, State, Zip

Principal Place of Business

3700 34TH STREET, SUITE 200
ORLANDO FL 32805

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

03/11/1999

6. FEI Number

59-3563653

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

MITCHELL, DARRIN L
7419 RIPLEY COURT
ORLANDO FL 32836

9. Name and Address of New Registered Agent

Name

Mitchell, Darrin L

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

10209 Leeds CT

City

Orlando

FL

Zip Code

32836

10. 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 10/22/02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
OP	MITCHELL, DARRIN L	3700 34TH STREET, SUITE 200	ORLANDO FL 32805

700008597057
10/25/02--01087--002 **150.00

REINSTATEMENT 2002

BY

12. 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 10/22/02

Daytime Phone # (407) 835-7533

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)