

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L99000002467

1. Limited Liability Company's Name

PRAHA FINANCIAL CONSULTING LC

BK

FILED
07 SEP -5 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800109080128

CR2E041 (1/07)

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

1220 N. Market St.

3. Mailing Office Address

1220 N. Market St.

Suite, Apt. #, etc.

Suite 804

Suite, Apt. #, etc.

Suite 804

City & State

Wilmington

City & State

Wilmington

Zip

19801

Country

DE

Zip

19801

Country

DE

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

not applicable

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

Florida Filing & Search Services Inc

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

155 Office Plaza Dr.

Suite, Apt. #, Etc.

Suite A

City

Tallahassee

State

FL

Zip Code

32301

☒ 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

P. D. Hodge, President

REGISTERED AGENT MUST SIGN

BK

Date

9/6/07

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
mgr	Elena Papapavlou	8 Kennedy Ave	Nicosia, Cyprus

REINSTATEMENT 2006-2007

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

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

L99000002467

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Drive, Suite A Tallahassee, FL 32301

PHONE: (850) 216-0457; FAX: (850) 216-0460

DATE: 09-05-07

BK

NAME: PRAHA FINANCIAL CONSULTING, LC

TYPE OF FILING: REINSTATEMENT

COST: \$100

RETURN:

PK

ACCOUNT: FCA0000000015

AUTHORIZATION: ABBIE/PAUL HODGE

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TALLAHASSEE, FLORIDA

Please keep original file date