

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 OCT 12 PM 3:36

**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 LLC

400161603764

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #
1220 N. Market Street

3. Mailing Office Address
1220 N. Market Street

Suite, Apt. #, etc.
suite 804

Suite, Apt. #, etc.
suite 804

City & State
Wilmington, DE

City & State
Wilmington, DE

Zip
19801

Country
USA

Zip
19801

Country
USA

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida 04/30/1999

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
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

[Signature]
REGISTERED AGENT MUST SIGN

Date 10/12/09

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	Danny Vidot	Pascal Village, Mahe, Victoria	Seychelles

REINSTATEMENT 2008-2009

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 608.408, 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 10/11/09

Daytime Phone # 302-421-5750

Typed or printed name of signing Managing Member/Manager Danny Vidot, manager

L99000002467

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 10-12-09

NAME: PRAHA FINANCIAL CONSULTING

TYPE OF FILING: REINSTATMENT

COST: \$277.50

RETURN:

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 OCT 12 PM 3:36

RECEIVED
09 OCT 12 PM 2:34
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

 
