

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV 17 AM 11:05

**REINSTATEMENT 2000**

**DOCUMENT #**

L99-5834

**1. Limited Liability Company's Name**

PRO-TO-CALL L.L.C.

**2. Principal Office Address**

8004 WILKS RD

Suite, Apt. #, etc.

3

City & State

CORAL SPRINGS, FL

Zip

Country

33067

**3. Mailing Office Address**

8004 WILKS RD

Suite, Apt. #, etc.

3

City & State

CORAL SPRINGS, FL

Zip

Country

33067

**4. State/Country of Formation**

FL

**5. Date Organized or Qualified  
To Do Business in Florida**

7/99

**6. FEI Number**

☒ Applied For  
☐ Not Applicable

**7. CERTIFICATE OF STATUS DESIRED** ☐

\$3.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

REID FERTEL

100003488211

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

8004 WILKS RD

Suite, Apt. #, Etc.

SUITE #3

City

CORAL SPRINGS

State  
FL

Zip Code

33067

**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

*Reid Fertil*

Date

11/14/00

REGISTERED AGENT MUST SIGN

**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	SHAKIR DHANJI	8004 WILKS RD #3	CORAL SPRINGS, FL 33067

**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

*Shakir Dhanji*

Date

11/14/00

Daytime Phone #

(541) 344-0015

Typed or printed name of signing Managing Member/Manager

SHAKIR DHANJI