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14 JUL 30 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M05000001881

1. Limited Liability Company's Name
PROSISA INTERNATIONAL, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1460 Golden Gate Parkway	1460 Golden Gate Parkway
Suite, Apt. #, etc.: Suite 103-273	Suite, Apt. #, etc.: Suite 103-273
City & State: Naples, FL	City & State: Naples, FL
Zip: 34105 Country: USA	Zip: 34105 Country: USA

4. State/Country of Formation: DELAWARE

5. Date Organized or Qualified To Do Business In Florida: 04/11/2005

6. FEI Number: 65-1192649 ☐ 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: CORPORATION COMPANY OF MIAMI

Street Address (P.O. Box Number is Not Acceptable): 201 S. BISCAYNE BLVD.

Suite, Apt. #, Etc.: SUITE 1500 (DXF)

City: MIAMI State: FL Zip Code: 33131

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: CORPORATION COMPANY OF MIAMI By: [signature] Timothy J. Murphy Vice President Date: 07/07/2014

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Manager	Arthur C. Burton	1200 Misty Pines Circle, Apt C-101	Naples, FL 34105

REINSTATEMENT
2005-14

S. HAWKES
JUL 30
EXAMINER

11. E-mail Address: dfonseca@shutts.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: [signature] Date: 7/30/14 Daytime Phone #: 239-24[illegible] 0418

Typed or printed name of signing Authorized Representative/Manager:

Florida Department of State
Division of Corporations
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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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LIMITED LIABILITY REINSTATEMENT
PROSISA INTERNATIONAL, LLC

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