

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

M05000001964

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 JUL 30 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

Pro Park, LLC

PK

2. Principal Office Address - No P.O. Box #
465 Main Street

Suite, Apt. #, etc.

Suite 200

City & State

Buffalo, NY

Zip

14203

Country

USA

3. Mailing Office Address
465 Main Street

Suite, Apt. #, etc.

Suite 200

City & State

Buffalo, NY

Zip

14203

Country

USA

4. State/Country of Formation
New York

5. Date Organized or Qualified
To Do Business in Florida

4/14/2005

6. FEI Number

16-1585227

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

Hunter Swearingen

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

3928 Premier North Drive

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33618

☒ 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: 7/16/08

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
Mgrm	Ciminelli, Richard A. Serra Cim-Link, LLC correct <i>Red</i>	350 Essjay Road, Suite 101	Williamsville, NY 14221
Mgrm	Richard A. Serra	163 Virgil Avenue	Buffalo, NY 14216
Mgrm	Paul F. Ciminelli	84 Maynard Drive	Egbertsville, NY 14226

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REINSTATEMENT 2006-2008

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 7-22-2008 Daytime Phone # 716-849-7275

Typed or printed name of signing Managing Member/Manager Richard A. Serra