

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

11 JUL 26 AM 10:29

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M05000002213

1. Limited Liability Company's Name

**PRP FLORIDA, LLC**

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 280 East 96th Street		3. Mailing Office Address 280 East 96th Street	
Suite, Apt. #, etc. Suite 175		Suite, Apt. #, etc. Suite 175	
City & State Indianapolis, IN		City & State Indianapolis, IN	
Zip 46240	Country US	Zip 46240	Country US

4. State/Country of Formation INDIANA	
5. Date Organized or Qualified To Do Business in Florida 04/28/2005	
6. FEI Number 20-2732749	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		
Name CORPORATION SERVICE COMPANY		
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street		
Suite, Apt. #, Etc.		
City Tallahassee	State FL	Zip Code 32301-2525

E-mail Address: 200210376092 07/26/11-01013--007 **\$16.25
(To be used for future annual report notices)

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 Matthew Young Asst. V. Pres. Date 7-19-11

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
MGRM	Bryan Chandler	280 East 96th Street, Suite 175	Indianapolis, IN 46240
MGRM	Jeffrey Gould	280 East 96th Street, Suite 175	Indianapolis, IN 46240

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager [Signature] Date 7-19-11 Daytime Phone # 376149402

Typed or printed name of signing Managing Member/Manager

REINSTATEMENT 2009-2011

FILED JUL 27 2011



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Reply to  
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July 22, 2011

**VIA FEDERAL EXPRESS**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Re: Reinstatement of PRP Florida, LLC; Document #M05000002213**

Dear Sir or Madame:

Enclosed for filing with the Division of Corporations is the Limited Liability Company Reinstatement form for PRP Florida, LLC, Document Number M05000002213, along with our check made payable to the Florida Department of State in the amount of \$516.25.

Should you have any questions or need anything further to process the enclosed Limited Liability Company Reinstatement form, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to be 'E. Houck-Toll', written over a horizontal line.

Erin E. Houck-Toll

EEH/ksl

Enclosures

cc: Martin V. Shrader- via e-mail to [mvshrader@solonmgmt.com](mailto:mvshrader@solonmgmt.com)