

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000006738

1. Limited Liability Company's Name

Paradise Pools & Spa LLC

2. Principal Office Address - No P.O. Box #
2715 Eastern Parkway

Suite, Apt. #, etc.

City & State
Winter Park FL

Zip
32789

Country
Orange

3. Mailing Office Address
same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida **1/26/2004**

6. FEI Number
651214725

☐ 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
Darrell B. Davis

Street Address (P.O. Box Number is Not Acceptable)
2715 Eastern Parkway

Suite, Apt. #, Etc.

City
Winter Park

State
FL

Zip Code
32789

E-mail Address:

darrelldavis34@gmail.com
(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

Darrell B. Davis

Date

2/15/12

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	Darrell B. Davis	2715 Eastern Parkway	Winter Park FL 32789

REINSTATEMENT 2010-2012

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

Darrell B. Davis

Date

2/15/12

Daytime Phone #

407-557-5006

Typed or printed name of signing Managing Member/Manager

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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