

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAY 25 PM 01:30

DOCUMENT # L07000114185

1. Limited Liability Company's Name

DE PAOVA INVESTMENTS, LLC

500181313545
05/25/10--01010--003 **516.25

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # <u>1205 monument ROAD</u> Suite, Apt. #, etc. <u># 203</u> City & State <u>JACKSONVILLE, FL</u> Zip <u>32225</u> Country <u>FLORIDA</u>		3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country	
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4. State/Country of Formation <u>FLORIDA - FLORIDA</u>	
5. Date Organized or Qualified To Do Business in Florida <u>11-9-2007</u>	
6. FEI Number	<input checked="" type="checkbox"/> 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 <u>THE FARAH LAW FIRM, P.A.</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>1506 PRUDENTIAL DR.</u>			
Suite, Apt. #, Etc. <u>2ND FLOOR</u>			
City <u>JACKSONVILLE</u>	State <u>FL</u>	Zip Code <u>32207</u>	

☐ 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 James E. Farah, ESQ. Date 5/20/10
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
MEM	NAPOLÉAN DePAOVA	1205 MONUMENT RD 203	JACKSONVILLE, FL 32225
MEM	ROBERT DePAOVA	1205 MONUMENT RD 203	JACKSONVILLE, FL 32225
	REINSTATEMENT	2008-2010	

11. E-mail Address: _____ (To be used for future annual report notifications)

12. 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 Robert DePaova Date 5/20/10 Daytime Phone # (904) 588-5912
Typed or printed name of signing Managing Member/Manager _____

T. Hampton MAY 26 2010



THE FARAH LAW FIRM, P.A.

P.O. Box 19796 • Jacksonville, Florida 32245-0796
P.904.731.7809 • F.904.731.9470 • FEIN-56-2333381

COVER LETTER

**TO: Registration Section
 Division of Corporations**

SUBJECT: De Paduda Investments, LLC

DOCUMENT #: L07000114185

Enclosed please find the Limited Liability Company Reinstatement Form for filing.

Please return all correspondence concerning this matter to the following:

James E. Farah, Esq.
The Farah Law Firm, P.A.
P.O. Box 19796
Jacksonville, Florida 32245
E-mail address: jim@farahlaw.com

For further information concerning this matter, please call Jim Farah at 904-568-5512

Enclosed is a check for the following amount: \$516.25 for

1. \$100 late fee; and
2. \$138.75 for 2008
3. \$138.75 for 2009
4. \$138.75 for 2010