PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2016 APR 15 AM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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04/15/16 01028 002 238.75

DOCUMENT # L10000074208

1. Limited Liability Company's Name
2908 EAST LAKE AVENUE, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
600 Bypass Drive	600 Bypass Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite #103	Suite #103
City & State	City & State
Clearwater, Florida	Clearwater, Florida
Zip / Country	Zip / Country
33764 / USA	33764 / USA

4. State/Country of Formation

5. Date Organized or Qualified To Do Business In Florida

6. FEI Number ☐ 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
Fredrick James, LLC

Street Address (P.O. Box Number is Not Acceptable) Suite,
600 Bypass Drive

Apt. #, Etc.
Suite 112

City	State	Zip Code
Clearwater	FL	33764

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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 _____ RA Date 3/8/2016

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
MGRM	Samantha Plant	Carthys Green, Step Aside Co	Dublin, 00000 IE Ireland
	REINSTATEMENT		
	2015-2016	$347.50	

11. E-mail Address: samatha@paramounthr.ie
(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 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member _____ Date 03/08/2016 0035312455260 Daytime Phone # _____

Typed or printed name of signing authorized representative/member _____