

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L01000022423
LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jill Smith
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

03 JAN 22 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000022423

1. Limited Liability Company's Name

YESSIN & ASSOCIATES, LLC

2. Principal Office Address

5757 Gulf of Mexico Drive

Suite, Apt. #, etc.

#113

City & State

Longboat Key, FL

Zip

34228

Country

3. Mailing Office Address

P.O. Box 850

Suite, Apt. #, etc.

City & State

Odessa, FL

Zip

33556

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

12-21-01

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

Rudy Yessin, Esq.

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

5757 Gulf of Mexico Dr.

Suite, Apt. #, Etc.

#113

City

Longboat, Key

State

FL

Zip Code

34228

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

Rudy Yessin

REGISTERED AGENT MUST SIGN

Date 12-26-92

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	Brent W. Yessin	7742 Still Lakes Dr.	Odessa, FL 33556
Mgr	Helen McNally Yessin	7742 Still Lakes Dr.	Odessa, FL 33556

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

Brent W. Yessin

Date 12-26-02

Daytime Phone # 813-765-8837

Typed or printed name of signing Managing Member/Manager

BRENT W. YESSIN

CR2E041 (9/01)

Paragon Electrical Contractors Inc. 954-973-9299

To: Florida Division of Corporations
Ref. Number: P98000040900

We would like to file for the years 2002 and 2003. We would like a waiver of the reinstatement fees for the years 2002 and 2003 due to the fact that we did not receive the renewal notices in the mail. We have already paid \$550.00 and therefore we would like a refund of the balance which is \$250.00.

You can send the check to the address below,

P.O. Box 772502
Coral Springs , Florida
33077

Date 1/16/03