

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 DEC 18 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L00000005686**

1. Limited Liability Company's Name

The Paper Moon of Panama City, LLC

2. Principal Office Address

103 West 23rd Street

Suite, Apt. #, etc.

Suite E-5

City & State

Panama City, Florida

Zip Country

32405 USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

June, 2000

6. FEI Number

59-3645764

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

M. Todd Burke

900004735329-8

-12/21/01--01007--01

*******50.00 *****50.00**

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

586 Grand Blvd.,

Suite, Apt. #, Etc.

Suite 100

City

Destin

State

FL

Zip Code

32550

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

Joel BL

Date **12/04/01**

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

Partner Stephanie Frimet 1806 Cherry Street Panama City, Florida 32405

Partner Sandy Hundley 1106 Redfish Circle Panama City Beach FL

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

Stephanie Frimet

Date **11-28-01**

Daytime Phone # **850-747-8600**

Typed or printed name of signing Managing Member/Manager

Stephanie Frimet

CR2E041 (9/01)

12/18/2001

15:38

BURKE & BLUE → 18504101015

NO.661

P02

BURKE & BLUE, P.A.
ATTORNEYS AND COUNSELORS AT LAW

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*ALSO ADMITTED IN ALABAMA
**ALSO ADMITTED IN GEORGIA
***CERTIFIED CIRCUIT MEDIATOR

***JEFFREY C. BASSETT
OF COUNSEL

December 13, 2001

VIA FACSIMILE: 850-410-1015
Diane Cushing
Corporate Specialist
Florida Department of State
PO Box 6327
Tallahassee, FL 32314

RE: The Paper Moon of Panama City, LLC
Reference Number: L00000005686

Dear Ms. Cushing:

Our firm represents the above referenced Limited Liability Company. Pursuant to our conversation on this day, our client, due to a change of address, did not receive any of the annual reports to be filed nor did they receive the 60 day notice.

Please accept this letter and allow their reinstatement and waiver of the \$100.00 reinstatement fee. It is my understanding that you have the application for reinstatement and a check for the filing fee.

Should you have any questions or need any further assistance please contact me at (850) 267-9498.

Sincerely,

BURKE & BLUE, P.A.

Jean Maddox, Paralegal to
M. Todd Burke, Esq.