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 31 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000012946

1. Limited Liability Company's Name
Paradise Island Pizza, LLC

2. Principal Office Address	3. Mailing Office Address
5101 Overseas Highway	P.O. Box 501411
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Marathon, FL	City & State: Marathon, FL
Zip: 33050 Country: USA	Zip: 33050 Country: USA

4. State/Country of Formation: Florida
5. Date Organized or Qualified to Do Business in Florida: 11/1/00
6. FEI Number: Applied For X 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: Russell H. Cullen
Street Address (P.O. Box Number is Not Acceptable): 99228 Overseas Hwy
Suite, Apt. #, etc.:
City: Key Largo State: FL Zip Code: 33037

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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 608, F.S.
Signature of Registered Agent: Russell H Cullen
REGISTERED AGENT MUST SIGN
Date: 12/27/01

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr	Gamaliel D. Phillips	3100 North rd #57	Naples FL 34104

REINSTATEMENT

11. I certify that I am managing member/manager or the member or trustee empowered to execute this reinstatement as provided for in chapter 608, F.S. I further certify that the filing this reinstatement, 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 supplied 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: Gamaliel D Phillips Title: President Daytime Phone #: 941 263 0264
Type or printed name of signing Managing Member/Manager: Gamaliel D. Phillips