

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 OCT 22 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

PARAMOUNT FINANCING, LLC
2900

2. Principal Office Address

2900 GATEWAY DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

2900 GATEWAY DRIVE

Suite, Apt. #, etc.

City & State

Pompano Beach FL

Zip *33069*

Country

USA

City & State

Pompano Beach FL

Zip

33069

Country

USA

REINSTATEMENT *2001*

4. State/Country of Formation

Florida / Broward

5. Date Organized or Qualified

To Do Business in Florida *12/18/2000*

6. FEI Number

65-111,7689

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

PAMELA GELET

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

2900 GATEWAY DRIVE

Suite, Apt. #, Etc.

City

Pompano Beach

State

FL

Zip Code

33069

300004653773-1

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*****155.00 ****155.00*

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

[Signature]

REGISTERED AGENT MUST SIGN

Date *10/15/01*

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
<i>MGRM</i> <i>Managing Member</i>	<i>KEVIN SWEETMAN</i>	<i>1003 HILLSBORO MILE</i>	<i>HILLSBORO BEACH FL 33062</i>
<i>Co-Member</i> <i>MGR</i>	<i>WILLIAM G. CARRICO</i>	<i>708 INTRACASTAL DRIVE</i>	<i>FT. LAUDERDALE FL 33304</i>

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

[Signature]

Date *10/15/01*

Daytime Phone *(954) 240-2739*

Typed or printed name of signing Managing Member/Manager *WILLIAM G. CARRICO*

CR2041 (9/01)