

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 APR 18 AM 11:44

**DOCUMENT # L01000002131**

1. Limited Liability Company's Name

PAUL J. FETZNER, LLC

400054215954  
05/10/05--01063--013 \*\*305.00

2. Principal Office Address

806 SW LAKE CHARLES CIR

Suite, Apt. #, etc.

City & State

PORT ST LUCIE, FL

Zip

34986

Country

ST LUCIE

3. Mailing Office Address

806 SW LAKE CHARLES CIR

Suite, Apt. #, etc.

City & State

PORT ST LUCIE, FL

Zip

34986

Country

ST LUCIE

4. State/Country of Formation

FLORIDA, US

5. Date Organized or Qualified  
To Do Business in Florida

02/09/2001

6. FEI Number

65-1077383

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

PAUL J FETZNER

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

806 SW LAKE CHARLES CIR

Suite, Apt. #, Etc.

City

PORT ST LUCIE

State  
FL

Zip Code  
34986

REINSTATEMENT 02-05

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

Date 04/11/2005

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
MGR	PAUL J FETZNER	806 SW LAKE CHARLES CIR	PORT ST LUCIE, FL 34986

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

Date 04/11/2005 Daytime Phone# (772)871-6007

Typed or printed name of signing Managing Member/Manager PAUL J FETZNER, MANAGER

CR2E041 (10/02)