

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG -9 AM 10: 04

DOCUMENT # L01000011475

1. Limited Liability Company's Name

Para-lite USA LLC

70005838627
08/09/05--01032--002 **250.00

2. Principal Office Address

13153 Thonotosassa Rd

Suite, Apt. #, etc.

3. Mailing Office Address

13153 Thonotosassa Rd

Suite, Apt. #, etc.

City & State

Dover, FL

City & State

Dover, FL

Zip

33527

Country

USA

Zip

33527

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business In Florida

7/13/01

6. FEI Number

593729890

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

Jim A Jackson

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

13153 Thonotosassa Rd

Suite, Apt. #, Etc.

City

Dover

State

FL

Zip Code

33527

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

Jim A Jackson
REGISTERED AGENT MUST SIGN

Date

8/4/05

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
Manager	Jim A Jackson	13153 Thonotosassa Rd	Dover, FL 33527

REINSTATEMENT 03-05

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

Jim A Jackson

Date

8/4/05

Daytime Phone #

813 393 6316

Typed or printed name of signing Managing Member/Manager