

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01006015649

1. Limited Liability Company's Name

Paradigm Yacht Sales & Brokerage, LLC
02

2. Principal Office Address

2416 Cape Coral Pkwy. W.
Suite, Apt. #, etc.

3. Mailing Office Address

2416 Cape Coral Pkwy W.
Suite, Apt. #, etc.

City & State

Cape Coral FL

Zip

33914

Country

US

City & State

Cape Coral FL

Zip

33914

Country

US

4. State/Country of Formation

FL/US

5. Date Organized or Qualified
To Do Business in Florida

9-12-2001

6. FEI Number

74-3015261

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

Jerry Clawson

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

2416 Cape Coral Parkway West

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33914

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

4-1-05

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
MGRM	Jerry Clawson	2416 Cape Coral Pkwy. W.	Cape Coral, FL 33914

100051144251
04/19/05 01007 000 ***300.00

REINSTATEMENT 2.002-2005

BK

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

4-1-05

Daytime Phone #

239.872.5185

Typed or printed name of signing Managing Member/Manager

Jerry Clawson MGRM