

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L01000017006

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Division of Corporations

03 DEC 16 AM 8:59

12/29

1. DOCUMENT # L01000017006

Name and Mailing Address

0012455 01 AT 0.292 **AUTO T5 0 0615 33444-184140

PAQMAN (FLORIDA) LLC
640 EAGLE DRIVE
DELRAY BEACH FL 33444-1841



REINSTATEMENT 2003

2. New Mailing Address 410 DELRAY COLD STORAGE, 785 S. CONGRESS AV.		4. State/Country of Formation FL	
City, State, Zip DELRAY BEACH, FL. 33445		5. Date Organized or Qualified To Do Business in Florida 10/01/2001	
Principal Place of Business 640 EAGLE DRIVE DELRAY BEACH FL 3344	3. New Principal Place of Business Address 785 SOUTH CONGRESS AV.	6. FEI Number 65-1139721	Applied For <input type="checkbox"/> Not Applicable
City, State, Zip DELRAY BEACH, FL. 33445		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent KING, COLM 640 EAGLE DRIVE DELRAY BEACH FL 3344	9. Name and Address of New Registered Agent Name MICHAEL A. GRIECO Street Address (P.O. Box Number is Not Acceptable) 785 SOUTH CONGRESS AVE. 410 DELRAY COLD STORAGE City DELRAY BEACH FL 33445
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10. 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 **Michael A. Grieco** **REQUIRED** Date **12/4/03**

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
P	GRIECO, MICHAEL	520 LINDELL BLVD.	DELRAY BEACH FL 33444
ST	KING, COLM (DELETE)	640 EAGLE DRIVE	DELRAY BEACH FL 33444
ST	MICHAEL A. GRIECO	9 MAYFLOWER DR.	TENAFLY N.J. 07670
2003 800025531988 12/16/03 01055 019 **150.00			
REINSTATEMENT			

12. 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 **Michael A. Grieco** **REQUIRED** Date _____ Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager **MICHAEL A. GRIECO**