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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

17 APR 12 AM 7:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200297927342
04/12/17--01011--001 **1131.25
CR2E041 (12/13)

DOCUMENT #

1. Limited Liability Company's Name

Paradise Builders LLC
LO1000020065

2. Principal Office Address - No P.O. Box #

6034 West Tennessee St

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32304

Country

USA

Zip

32304

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

11/20/2001

6. FEI Number

59-3760441

☐ 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

Brian Ashley Campbell

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

6034 West Tennessee Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32304

E-mail Address:

bacndep@gmail.com

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

[Signature]

Date 4-12-17

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
MGR	Brian Campbell	6034 W. Tennessee St	Tallahassee, FL 32304
AMBR	Mike Poplin	6034 W. Tennessee St	Tallahassee, FL 32304

11. I certify that I am an authorized person empowered to execute this application as provided for in Chapter 605, 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 Chapter 605, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of
Authorized Person

[Signature]

Date 4-12-17

Daytime Phone

(850) 274-1565

Typed or printed name of signing Authorized Person