

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

17 NOV 20 PM 4:31

DOCUMENT # L02000002784

1. Limited Liability Company's Name
Paradise Vacation Rentals, LLC

300305899613
11/20/17--01001--013 **818.75

CR2EC41 (1/14)

2. - Principal Office Address - No P.O. Box # 528 Cecil G Costin Sr Blvd		3. Mailing Office Address 528 Cecil G Costin Sr Blvd	
Suite, Apt # etc Suite A		Suite, Apt #, etc Suite A	
City & State Port Saint Joe, FL		City & State Port Saint Joe, FL	
Zip 32456	Country USA	Zip 32456	Country USA
8. Name and Address of Current Registered Agent			
Name Deborah Crow			
Street Address (P.O. Box Number is Not Acceptable) Suite, 528-A Cecil G Costin Sr. Blvd			
Apt #, Etc			
City Port Saint Joe		State FL	Zip Code 32456

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 02/05/2002	
6. FEI Number 80-0036043	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

Rei - 2013-2017
[Signature]
11/21/2017

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 11/13/2017

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	Deborah Crow	120 Barbara Drive	Port Saint Joe, FL 32456
MGRM	Larry Crow	120 Barbara Drive	Port Saint Joe, FL 32456

11. E-mail Address ashley@paradise-coast.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee 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 requirement of section 605.0012, 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 representative/member

[Signature]

Date

11/13/2017

Daytime Phone #

(850)227-2000

Typed or printed name of signing authorized representative/member