

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

09 APR 20 PM 1:13

DOCUMENT # L03000035709

1. Limited Liability Company's Name

PARADISE PROPERTIES, LLC

800151447208  
04/21/09--01010--013 \*\*718.75  
CR2E041 (10/08)

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

2975 OVERSEAS HWY

Suite, Apt. #, etc.

City & State

MARATHON, FL

Zip

33050

Country

US

3. Mailing Office Address

2975 OVERSEAS HWY

Suite, Apt. #, etc.

City & State

MARATHON, FL

Zip

33050

Country

US

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified

To Do Business in Florida 09/16/2003

6. FEI Number

☐ 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

ROBERT K. MILLER

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

2975 OVERSEAS HWY

Suite, Apt. #, Etc.

City

MARATHON

State

FL

Zip Code

33050

☒ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

Date 03/20/2009

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	MARIO D'AMICO	11 Ferguson Dr., Musselburgh	East Lothian Scotland EH21 6XA

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

Date 3/30/2009

Daytime Phone # 0131-665 2256

Typed or printed name of signing Managing Member/Manager

MR. MARIO D'AMICO

REINSTATEMENT 2005-2009

T. Hampton APR 21 2009