

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JAN 27 PM 1:20

SECRETARY OF STATE
TALLAHASSEE FLORIDA

M. HODGES

CR2E041 (8/05)

1/27

DOCUMENT # L04000047035

1. Limited Liability Company's Name

Paradigm Promotions, LLC

2. Principal Office Address

55 East Pine Street

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32801 -

Country

US

3. Mailing Office Address

55 East Pine Street

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32801

Country

US

4. State/Country of Formation

FL/US

**5. Date Organized or Qualified
To Do Business in Florida**

May 1, 2004

6. FEI Number

20-11490888

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

Larsen & Associates, P.A.

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

55 East Pine Street

Suite, Apt. #, Etc.

Orlando, FL 32801

City

Orlando

State

FL

Zip Code

32801

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

Larsen & Associates, P.A.

Date 1/25/06

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	Richard E. Larsen	55 East Pine Street	Orlando, FL 32801
MGR	Theresa L. Larsen	55 East PinesStreet	Orlando, FL 32801

REINSTATEMENT

2005-
2006

100004665011
01/27/06--01042--014 **50.00

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

Richard E. Larsen

Date 1/25/06

Daytime Phone #407-841-6555

Typed or printed name of signing Managing Member/Manager Richard E. Larsen