


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L04000056582

1. Limited Liability Company's Name

Pauker, LLC

FILED
08 DEC 16 PM 12:39

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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12/15/08--01046--014 **377.50

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 3777 Tamiami Trail North Suite, Apt. #, etc.		3. Mailing Office Address 3777 Tamiami Trail North Suite, Apt. #, etc.	
City & State Naples, FL		City & State Naples, FL	
Zip 34103	Country USA	Zip 34103	Country USA

4. State/Country of Formation Florida/Collier	
5. Date Organized or Qualified To Do Business in Florida 07/27/2004	
6. FEI Number 145403809	<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	

8. Name and Address of Current Registered Agent		
Name Richard M. Jones		
Street Address (P.O. Box Number is Not Acceptable) 681 Goodlette Road North		
Suite, Apt. #, Etc. Suite 210		
City Naples	State FL	Zip Code 34102

☒ 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 12/11/08

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
MGR	Richard M. Jones	681 Goodlette Road North #210	Naples, FL 34102

REINSTATEMENT 07,08

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 12/11/08 Daytime Phone # 239-252-5460

Typed or printed name of signing Managing Member/Manager Richard M. Jones