

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04 000094195

1. Limited Liability Company's Name

M2 Paradise, LLC

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

226 1/2 8th Ave NE

Suite, Apt. #, etc.

1

3. Mailing Office Address

P.O. Box 4155

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33701

Country

USA

City & State

St. Petersburg, FL

Zip

33731

Country

USA

8. Name and Address of Current Registered Agent

Name

Melissa Clark

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

1695 Pinellas Bayway S. #

Suite, Apt. #, Etc.

A3

City

Del Mar, CA Tierra Verde

State

FL

Zip Code

33715

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

Melissa K. Clark
REGISTERED AGENT MUST SIGN

Date 5/21/07

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
CEO	Melissa R. Clark	SAME AS ABOVE	
MGR	Michael L. Clark	SAME AS ABOVE	

REINSTATEMENT
05-07

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

Melissa K. Clark

Date 5/21/07

Daytime Phone #

727-864-6812

Typed or printed name of signing Managing Member/Manager

MELISSA K. CLARK

FILED

07 MAY 23 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200103595842

05/31/07--01014--016 **150.00
CR2E041 (1/07)

4. State/Country of Formation

FLORIDA / UNITED STATES

5. Date Organized or Qualified
To Do Business in Florida

12/04

6. FEI Number

76-0840434

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

☒ 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.