

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000018030

1. Limited Liability Company's Name

Papa Realty, LLC

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

1503 Belvedere Road

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

Same

City & State

West Palm Beach, FL

City & State

Zip

33406

Country

Palm Beach

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

2/23/05

6. FEI Number

20-2376903

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

Mike Palanza

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

1503 Belvedere Road

Suite, Apt. #, Etc.

City

West Palm Beach,

State

FL

Zip Code

33406

☐ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 4-14-10

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	Mike Palanza	1503 Belvedere Rd	West Palm Bch, FL 33406
MGRM	Anand Patel	1503 Belvedere Rd	West Palm Beach, FL 33406

REINSTATEMENT

07-10

OK 4-2-10

11. E-mail Address:

(To be used for future annual report notifications)

12. 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

Anand. S. Patel

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager