2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2009 MAY 12 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000047436

1. Entity Name
PAUL LAMP, LLC

04242009 REIN-LLC CR2E101 (1/07)

Principal Place of Business	Mailing Address
2541 CARMINE ROAD VENICE, FL 34293	2015 CANAL DR., #N-1 BRADENTON, FL 34207

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2571 VALENCIA DR	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: VENICE FLORIDA	City & State
Zip: 34293 Country: SARASOTA	Zip Country

4. FEI Number: 20-2827100 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LAMP, PAUL
2541 CARMINE ROAD
VENICE, FL 34293

7. Name and Address of New Registered Agent

Name: LAMP, PAUL

Street Address (P.O. Box Number is Not Acceptable): 2571 VALENCIA DR

City: VENICE FL Zip Code: 34293

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 4-30-09
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $377.50

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LAMP, PAUL 2541 CARMINE ROAD VENICE, FL 34293	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LAMP, PAUL 2571 VALENCIA DR VENICE, FL 34293	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	QE-5-13-09	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ 4-30-09 941-321-3957
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #