

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2003 OCT 30 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800137486058
10/30/08--01036--005 **243.75

CR2E041 (10/08)

DOCUMENT # L05000056888

1. Limited Liability Company's Name

PARADISE GLEN, LLC

2. Principal Office Address - No P.O. Box #
759 PROVINCE TOWN DR.

Suite, Apt. #, etc.

City & State
NAPLES, FL

Zip
34104

Country
USA

3. Mailing Office Address
759 PROVINCE TOWN DR.

Suite, Apt. #, etc.

City & State
NAPLES, FL

Zip
34104

Country
USA

4. State/Country of Formation
FLORIDA, USA

5. Date Organized or Qualified
To Do Business In Florida 06-29-2005

6. FEI Number

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

A. Eric Anderson

Street Address (P.O. Box Number is Not Acceptable)
350 Fifth Avenue South

Suite, Apt. #, Etc.
Suite 200

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

Date 10-29-08

REGISTERED AGENT MUST SIGN

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	ROMY PILTNER	759 PROVINCE TOWN DR.	NAPLES, FL 34102 USA
			800137486058 11/12/08--01010--016 **277.50
			REINSTATEMENT 06-07-08

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 06-16-2008 Daytime Phone # 0049-7738-

Typed or printed name of signing Managing Member/Manager ROMY PILTNER

922 960