


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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FILED

2009 NOV -3 AM 10:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600162351986  
10/30/09--01043--013 \*\*377.50

CR2E041 (10/08)

DOCUMENT # L06000009445

1. Limited Liability Company's Name

6657 PAUL MAR, LLC

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

11924 W. Forest Hill Blvd

Suite, Apt. #, etc.

Suite 22 # 174

City & State

Wellington FL 33414

Zip

33414

Country

U.S.A.

3. Mailing Office Address

11924 W. Forest Hill Blvd

Suite, Apt. #, etc.

Suite 22 # 174

City & State

Wellington FL 33414

Zip

33414

Country

U.S.A.

4. State/Country of Formation

FLORIDA/U.S.A.

5. Date Organized or Qualified  
To Do Business in Florida

01/26/2006

6. FEI Number

204184188

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

CHARLES O. MORGAN, JR.

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

1300 NW 167th Street

Suite, Apt. #, Etc.

Suite 3

City

MIAMI

State

FL

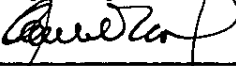
Zip Code

33169

☐ 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 10/27/09

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
MGR	Miriam Tarno	2548 Tremor Terrace	Wellington FL 33414

REINSTATEMENT -08-09

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

10/28/09

Daytime Phone #

(361) 284-8955

Typed or printed name of signing Managing Member/Manager

Miriam Tarno

C.L.