

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2009 JUN 30 PM 3: 36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L06000073499

1. Limited Liability Company's Name

JAMES PARIS LLC

500157839915  
06/26/09--01002--017 \*\*377.50

CR2E041 (10/08)

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

1500 BEVILLERD

Suite, Apt. #, etc.

606

City & State

Daytona Bch FL

Zip

32114

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

~~Daytona Bch FL~~

Zip

Country

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified  
To Do Business in Florida

2006

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

JAMES PARIS

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

1500 BEVILLE RD

Suite, Apt. #, Etc.

606

City

Daytona Beach

State

FL

Zip Code

32114

☐ 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

6/24/2009

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
MEM	JAMES PARIS	1500 BEVILLE RD #606 Daytona Bch FL 32114	

REINSTATEMENT 07-09 AL

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

*[Signature]*

Date

6/24/09

Daytime Phone #

386-235-0276

Typed or printed name of signing Managing Member/Manager