

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000092780

1. Limited Liability Company's Name

Paradym Engineering, LLC
1936

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

1936 Bruce B. Downs Blvd

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

308

Suite, Apt. #, etc.

City & State

Wesley Chapel, FL

City & State

Zip

Country

Pasco

Zip

Country

33544-9262 ~~FL~~

8. Name and Address of Current Registered Agent

Name

Tim Keeley

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

1936 Bruce B. Downs Blvd

Suite, Apt. #, Etc.

308

City

Wesley Chapel

State

FL

Zip Code

33544

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

1/4/2010

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	<u>T.G. Keeley</u> Tim Keeley	<u>1936 Bruce B. Downs Blvd</u> <u># 308</u>	<u>Wesley Chapel FL</u> <u>33544</u>
Mgr	<u>Richard Wilson</u>		

11. E-mail Address:

+K@Paradymengineering.com

(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

[Signature]

Date

1/4/2010

Daytime Phone #

888-667-5459

Typed or printed name of signing Managing Member/Manager

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500165134215

01/07/10--01038--007 **416.25
CR2E041 (11/09)

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified To Do Business in Florida

2006

6. FEI Number

25-2968634

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required for a Certificate of Status

☒ 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.