

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L06 000095292**

1. Limited Liability Company's Name

PALADIN Custom Home Builders LLC

FILED

08 JAN 10 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

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

5720 Elkcam Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

5720 Elkcam Blvd

Suite, Apt. #, etc.

City & State

Beverly Hills FL

Zip

34450

Country

CITRUS

City & State

Beverly Hills FL

Zip

34450

Country

CITRUS

4. State/Country of Formation

Beverly Hills FL

5. Date Organized or Qualified

To Do Business in Florida **9/28/06**

6. FEI Number

46-0543728

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

Erskine J Barnett II

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

5720 Elkcam Blvd

Suite, Apt. #, Etc.

City

Beverly Hills

State

FL

Zip Code

34450

☐ 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

Erskine J Barnett II

REGISTERED AGENT MUST SIGN

Date **12/27/07**

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
Pres.	Erskine J Barnett	5720 Elkcam Blvd	Beverly Hills FL 34450

REINSTATEMENT

6/1/00

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01/02/08--01038--006 **150.00

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

Erskine J Barnett II

Date

12/27/07

Daytime Phone #

352-220-8884

Typed or printed name of signing Managing Member/Manager

Erskine