PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

С	ED LIAB OMPAN STATEN	Y		DEPART Secretary ISION OF C	y of S		ı	FILED 09 NOV -3 AM III: 53		
DOCUMENT # L07000088976 1. Limited Liability Company's Name							74	SECRETARY OF STATE ALLAHASSEE, FLORIDA		
PAQ-1, L.L.C.								800162455598 11/03/0901036007 **377.50		
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address							-	CR2E041 (10/08)		
	arino Loo		3111 Terramar Court				4. State/Country of Formation			
Suite, Apt. #		Suite, Apt. #,	, etc.			L	Florida, USA 5. Date Organized or Qualified			
City & State		City & State				-L	To Do Business in Florida8/30/2007			
Estero, F	FL		<u> </u>	Naples, FL				6. FEI Number Applied For Not Applicable		
Z _{IP} 33928		Country US	Zip 34119		Country			7. CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status		
		8. Name and Address of	of Current Regis	tered Agen	ıt					
Name Bradley D. Bryant							A \$100 reinstatement fee is imposed, except in circumstances which the entity did not			
Street Address (P.O. Box Number is Not Acceptable) 300 5th Avenue South								receive the prior notices. By checking this box, you are certifying the prior notices were		
Suite, Apt. #, Etc. 221							1	not received and requesting the \$100		
City Naples		State Zip Code 34102				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										
Signature of Registered Agent Lica Lynn Payothe by Dradley Date										
10. Names and Street Addresses of Managing Members/Managers										
Titles	Name of Managing Members/Managers			Street Address of Each Managing Member/Manager						
MGRM	Erica Lynn Paquette			3111 Terramar Court				Estero, FL 34119		
							··			
								S. HAWKES		
REINSTATE					Pre			NOV - 4 2000		
2008 COEM				ENT				EXAMINED		
		<u>// 6 </u>	7		L	<u></u>				
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 filling 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 Manager Erica Lyn P.4 goothe by Bradly Date // MOR Daytime Phone# 235-5ldo-1001 Typout, Altoring for PAQ-1, LLC Typed or printed name of signing Managing Member/Manager Erica Lyn Paguette by Bradly D. Bryoth Altorny for PAQ-1, LLC										
Typed or printed name of signing Managing Member/Manager Erica Lynn Paquette by Drady D. Prynt Httorny to PALLILL										



BRYANT LAW OFFICE

300 Fifth Avenue South Suite 221 Naples, FL 34102 Tel: (239) 566.1001 Fax: (239) 530.7300 Web: www.naples-law.com Email: bbryant@naples-law.com

Bradley D. Bryant Jessica I. Horowitz Also admitted in NY

November 2, 2009

Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: Reinstatement of PAQ-1, LLC

To Whom It May Concern:

Enclosed please find the application for reinstatement of PAQ-1, LLC and Check No. 3135 in the amount of \$377.50 representing the reinstatement fee.

Please provide proof of reinstatement to the address on this letterhead. Also, please let me know if you should need any additional information.

Thank you.

Bradley D. Bryan