

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L08000101406

1. Limited Liability Company's Name

PAJL LLC

FILED

09 OCT 15 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400161770954
10/15/09--01031--024 **138.75
CR2E041 (10/08)

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

2105 EVERGREEN DR.

Suite, Apt. #, etc.

House

City & State

TALLAHASSEE FL

Zip

32303

Country

U.S.A

3. Mailing Office Address

2105 EVERGREEN DR

Suite, Apt. #, etc.

" " "

City & State

" " "

Zip

32303

Country

" "

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

80-0295816

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

ADRIEN R. DEVARIEUX

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

2105 EVERGREEN DR.

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32303

☒ 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

Adrien R. Devarieux
REGISTERED AGENT MUST SIGN

Date 10/15/09

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
MGRM	ADRIEN DEVARIEUX	2105 EVERGREEN	TALLAHASSEE FL
MGRM	Constance Kwiatkowski	2105 evergreen dr.	Tallahassee, FL

REINSTATEMENT 2009 2011

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

Adrien R. Devarieux

Date 10/15/09

Daytime Phone # 850-322-2281

Typed or printed name of signing Managing Member/Manager