

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FILED

13 AUG-21 PM 2:17

GOVERNMENT OF STATE
ALLAHASSEE, FLORIDA

REINSTATEMENT

11-13 WI 5-42911
CR2E041 (1/11)

DOCUMENT # L09000089868

PAUL MARY MANAGEMENT LLC

410 86th Terraces	S.
Suite, Apt. #, etc.	Suite

WEST PALM BEACH, FL

33411 US

5. Date Organized or Qualified To Do Business in Florida 9-18-2009

6. FEI Number
27-0948297

Not Applicable

7. **CERTIFICATE OF STATUS DESIRED**

**\$5.00 Additional Fee required
for a Certificate of Status**

Name Roger Perre-Paul

Street Address (P.O. Box Number is Not Acceptable)
410 - 86th Terrace S.

Suite, Apt. #, Etc.
West Palm Beach,
Fla.

FL 33411
State Zip Code

600249908346
07/18/13--01019--010 **238.75

Faubroge1@Att.net

(To be used for future annual report notices)

**Signature of
Registered Agent**

Date 07-15-13

REGISTERED AGENT MUST SIGN

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
member	Roger Rene Paul	1410 26th Terrace South	West Palm Beach, FL 33411
			600249908346 08/19/13--01044--023 **277.50
			AUG 21 2013
			S. PRATHER

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

**Signature of Managing
Member/Manager**

-Date 07-15-13 Daytime Phone # 561-351-4071

Typed or printed name of signing Managing Member/Manager