

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L12000092591

1. Limited Liability Company's Name

DELRAY PLAYERS PARADISE LLC

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

4900 LINTON BLVD

Suite, Apt. #, etc.

City & State

DELRAY BEACH

Zip

33445

Country

BROWARD

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

8. Name and Address of Current Registered Agent

Name

MICHAEL H. WOLF, ESQ

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

805 THIRD AVE

Apt. #, Etc.

SUITE 1011

City

FORT LAUDERDALE

State

FL

Zip Code

33316

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

5/9/2016

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	SUSAN WILLIAMS	4900 LINTON BLVD	DELRAY BEACH, FL 33445

11. E-mail Address: EDWARD.WILLIAMS@EMAIL.COM

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member

Date

5/9/2016

Daytime Phone #

561-201-6431

Typed or printed name of signing authorized representative/member

Susan Williams

RS 5/13/16

FILED

16 MAY 12 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

900285761239
05/12/16--01022--023 **\$55.00