PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2017 SEP 27 PM 9:35

DOCUMENT # L15000146030

1. Limited Liability Company's Name

Par 3 Property, LLC

CR2E041 (12/13)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
46 Cessna Lane	46 Cessna Lane
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc. N/A
City & State Panacea, FL	City & State Panacea FL
Zip 32346 Country U.S.A.	Zip 32346 Country U.S.A.

4. State/Country of Formation FL

5. Date Organized or Qualified To Do Business in Florida 09/01/2015

6. FEI Number N/A ☐ 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: Anthony Larisey

Street Address (P.O. Box Number is Not Acceptable): 46 Cessna Lane

Suite, Apt. #, Etc.: N/A

City: Panacea State: FL Zip Code: 32346

E-mail Address:

800039923048
09/27/17--01004--002 **377.50

anthony@freedomcheck.com

(To be used for future annual report notices)

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 _____ Date 9/27/2017

REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
MGR	Anthony Larisey	46 cessna lane	Panacea/FL/32346

11. I certify that I am an authorized person 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 requirements of Chapter 605, 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 Person _____ Date 9/27/2017 Daytime Phone # (850) 633-2722

Typed or printed name of signing Authorized Person