

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L20000348965

1. Limited Liability Company's Name  
Deborah Freed LLC

200440888072  
12/10/24-01024-013 \*\*238.75

200440888072  
12/10/24-01024-013 \*\*238.75

CR2ED41 (1/14)

2. Principal Office Address - No P.O. Box # 594 Batten Blvd		3. Mailing Office Address 594 Batten Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Pensacola, FL		City & State Pensacola, FL	
Zip 32507	Country USA	Zip 32507	Country USA

4. State/Country of Formation Florida/USA	
5. Date Organized or Qualified To Do Business in Florida 11/03/2020	
6. FEI Number 85-3738677	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent			
Name Deborah Freed			
Street Address (P.O. Box Number is Not Acceptable) Suite, 594 Batten Blvd			
Apt. #, Etc.			
City Pensacola		State FL	Zip Code 32507

FILED  
2024 DEC 10 AM 8:00  
SECRETARY OF  
STATE  
TALLAHASSEE  
FL

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

*Deborah Freed*

REGISTERED AGENT MUST SIGN

Date 12/4/2024

**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	Deborah Freed	594 Batten Blvd	Pensacola, FL 32507

11. E-mail Address: DebiSellsParadise@yahoo.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

*Deborah Freed*

Date 12/04/2024

Daytime Phone #

8502611554 WILSON

Typed or printed name of signing authorized representative/member

DEC 10 2024