

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILE
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # L99000007462

1. Limited Liability Company's Name

Ellen Papay Marketing Services, LLC

REINSTATEMENT 2003-2004

04 JUN 17 PM 12:39

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06/16/04--01024--003 **200.00

2. Principal Office Address

1315 Wildwood Lakes Blvd.

Suite, Apt. #, etc.

#8

City & State

Naples, FL

Zip

34104

Country

USA

3. Mailing Office Address

1315 Wildwood Lakes Blvd.

Suite, Apt. #, etc.

#8

City & State

Naples, FL

Zip

34104

Country

USA

4. State/Country of Formation

USA

**5. Date Organized or Qualified
To Do Business in Florida**

11/5/99

6. FEI Number

59-3627554

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

Larry Parker & Associates

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

3078 North Tamiami Trail

Suite, Apt. #, Etc.

200

City

Naples

State

FL

Zip Code

34103

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

Date

6/7/04

REGISTERED AGENT MUST SIGN

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
MGR	Ellen Papay	1315 Wildwood Lakes Blvd. #8	Naples, FL 34104

2003-2004

REINSTATEMENT

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

Date

5/28/04

Daytime Phone #

239-464-3053

Typed or printed name of signing Managing Member/Manager

Ellen Papay