

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M05000006576

1. Limited Liability Company's Name

Paramount Construction Services, LLC

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

21441 Pacific Boulevard

Suite, Apt. #, etc.

200

City & State

Sterling, VA

Zip

20166

Country

USA

3. Mailing Office Address

21441 Pacific Boulevard

Suite, Apt. #, etc.

200

City & State

Sterling, VA

Zip

20166

Country

USA

8. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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.
Corporation Service Company

Signature of

Registered Agent By.

REGISTERED AGENT MUST SIGN

Andrew Bednaryz

Date 1/25/2024

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
Member	Christos S. Sarantis	21441 Pacific Boulevard, Suite 200	Sterling, VA 20166
Manager	John P. Gaston	21441 Pacific Boulevard, Suite 200	Sterling, VA 20166

11. E-mail Address: jgaston@paramountserv.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 1/25/24

Daytime Phone #

703-478-4526

Typed or printed name of signing authorized representative/member

John P. Gaston

2024 JAN 29 PM 4:44

000422902960
01/30/24--01003--001 **633.75

000422902828
12/19/23--01033--015 **160.00

CR2E041 (1/14)

4. State/Country of Formation

Maryland

5. Date Organized or Qualified
To Do Business in Florida

11/23/2005

6. FEI Number

52-2107678

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status