

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 DEC 21 PM 3:06

**DOCUMENT #** 79800000234

**1. Limited Liability Company's Name**

**PARADIES & ASSOCIATES, L.L.C.**

**2. Principal Office Address**

**5950 Fulton Industrial Blvd.**

Suite, Apt. #, etc.

City & State

**Atlanta, Ga**

Zip

**30336**

Country

**USA**

**3. Mailing Office Address**

**P.O. Box 43485**

Suite, Apt. #, etc.

City & State

**Atlanta, GA**

Zip

**30336**

Country

**USA**

**4. State/Country of Formation**

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

**6. FEI Number**

**58-2233126**

Applied For

Not Applicable

**7. CERTIFICATE OF STATUS DESIRED** ☐

**\$500 Additional Fee required  
for a Certificate of Status**

**8. Name and Address of Current Registered Agent**

Name

**CT Corporation System**

**500004751825-8**

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

**1200 S. Pine Island Road**

**-01/04/02--01054--009**

**\*\*\*150.00 \*\*\*150.00**

Suite, Apt. #, Etc.

City

**Pine Island**

State

**FL**

Zip Code

**33324**

**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

**PETER F. SOUZA**  
ASSISTANT SECRETARY

Date

**12/18/01**

REGISTERED AGENT MUST SIGN

**10. Names and Street Addresses of Managing Members/Managers**

| Titles                    | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip                          |
|---------------------------|--------------------------------------|---|---|
| Pres.                     | Richard Dickson                      | 5950 Fulton Industrial Blvd.                      | Atlanta, GA 30336                           |
| Sr. VP<br>COO             | Gregg Paradies                       | 5950 Fulton Industrial Blvd.                      | Atlanta, GA 30336                           |
| Exec.<br>VP               | James Paradies                       | 5950 Fulton Industrial Blvd.                      | Atlanta, ga 30336                           |
| VP<br>Finance             | Don Marek                            | 5950 Fulton Industrial Blvd.                      | Atlanta, ga 30336                           |
| <b>REINSTATEMENT 2001</b> |                                      |   | <b>Rim 100.<br/>OBR 50.<br/>150.<br/>nc</b> |

**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 **11-6-01**

Daytime Phone # **404-344-7905**

Typed or printed name of signing Managing Member/Manager

**James Paradies**