

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N07000003017

1. Entity Name
PARADISE AT SUNSET CONDOMINIUM ASSOCIATION, INC.



FILED
09 JAN 28 PM 2: 05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 7107 SW 89 COURT MIAMI, FL 33173	Mailing Address TIMBERLAKE MANAGEMENT 7500 NW 25 STREET, SUITE 106 DORAL, FL 33122
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2. Principal Place of Business - No P.O. Box # 3399 NW 72 AVE Suite, Apt. #, etc. Suite 215 City & State MIAMI FL Zip 33122 Country US	3. Mailing Address 3399 N.W. 72 Ave Suite, Apt. #, etc. 215 City & State Miami FL Zip 33122 Country US
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01132009 REIN-NP CR2E099 (1/07)

4. FEI Number
26-0492393 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DUGGER, ROBERT A
7953 NW 53 STREET
MIAMI, FL 33166

7. Name and Address of New Registered Agent

Name **Robert A Dugger**
 Street Address (P.O. Box Number is Not Acceptable)
3399 N.W. 72 Ave Suite 215
 City **Miami FL** Zip Code **33122**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$297.50 Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ALONSO, ANTONIO I 7101 SW 89 COURT MIAMI, FL 33173	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GILMORE, CARLOS M 7101 SW 89 COURT MIAMI, FL 33173	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AVPD DUGGER, ROBERT A 7953 NW 53 ST MIAMI, FL 33166	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	400142295344 01/28/09--01027--010 **297.50	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	REINSTATEMENT 08-09	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	02/1/09	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Robert A. Dugger, SA Avpd** 1/27/09 305-597-0920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #