PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FLORIDA DEFARTMENT OF STATE ONPAN REVISE TEMENT FLORIDA DEFARTMENT OF STATE SECRETARY OF STATE DIVISION OF CORPORATIONS		
		01 NOV 21 AM 8:52
DOCUMENT # Loccooola74		
PARADISM TECHNOLOGY GNOULTANTS LLC		
THEADISM I ECHNOLOGY CONSULTANTS LLC		
2. Principal Office Address	3. Mailing Office Address	-
ONE SOUTHEAUT HIRD AVE	ONE SOUTHBAST THIRD AVE	4. State/Country of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	-LORIDA-
SUITE 1445	JUITE 1445	5. Date Organized or Qualified To Do Business in Florida
City & State	City & State	6. FEI Number , Applied For
Miami, LC	Migmi, EL	45-0978204 Not Applicable
33131 USA	33131 USA	7. CERTIFICATE OF STATUS DESIRED CORRECTION Additional Geographed Corpo Confidence of Status
8. Name and Address of Current Registered Agent		
Name 2		
BERLOWITZ, KICHARD A 400004702544 -6		
Street Address (P.O. Box Number is Not Acceptable) 40 BERKEWITZ DICK TOWAY & BROWT ****150.00 ****150.00		
Suite, Apt. #, Etc. ONE DOUTHEAST THIRD AVE LOTH FLOOR		
City City	HIRD HVE IU - FLOOR	A SPECIAL REPORT OF CODE
Miani RENSIAI ENHEN B3/3/ Jul 3001		
9. I, being appointed the registered agent of the abo	ove named limited liability company, am familiar with an	d accept the obligations of Chapter 608, F.S.
Signature of Registered Agent	d accept the obligations of Chapter 608, F.S.	
REGISTERED AGENT MUST SIGN		
10. Names and Street Addresses of Managing Mer	nbers/Managers	
Titles Name of Managing Members/Manage	Street Address of Eac ers Managing Member/Man	
MERM BERKOWITZ, RICHARD.	4 ONE SOUTHERN THIRD A	MIAMI / FL /33131
MERM SCHULTZ, IERRENCE	A ONE SOUTHEAST THIRD A	AVE. MIAMI /FL /33131
MGRY POWACK, RICHARD A	ONE DOUTHBAST INIRE	4vE MIAMI /F/33131
MGRM BRANT, BARRY M	ONE SOUTHEAST THIR	DAVE MIAMI /FL/33131
MGRM YOUNG, JOHN F	ONE SOUTHBAST HIR	DAVE MIAMI /FL/ 33131
WGRY ROCENTHAL GARY F	ONE SOUTHEAST THIS	DAVE MIAMI /FL / 33131
11.1 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 filling 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 shalf have the same legal effect as if made under oath.		
Signature of Managing Member/Manager	Date _	1/20 01 Daytime Phone # 305-379-7000
Typed or printed name of signing Managing Member/Manager KICHARO & BREKOWITZ		