

APPROVAL
AND
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

06 MAR 31 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000096207

1. Corporation Name

Paradise Consulting Group, Inc.

2. Principal Office Address

8931 SW 5th Street

Suite, Apt. #, etc.

3. Mailing Office Address

8931 SW 5th Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33174

Country

USA

City & State

Miami, FL

Zip

33174

Country

USA

REINSTATEMENT

04-06 REC

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

09/03/2008

5. FEI Number

11-3702543

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Christopher D. Vasallo

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

2605 Ponce de Leon Blvd.

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33134

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

3/20/06

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Nancy Sein Gonzalez	8931 SW 5th Street	Miami, FL 33174

600069976746

04/10/06--01089--011 **1050.00

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-20-06

Daytime Phone #