

# 2009 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # A99000000338

1. Entity Name  
PARADISE CROSSINGS, LTD.



Principal Place of Business  
2901 RIGSBY LANE  
SAFETY HARBOR, FL 34695

Mailing Address  
2901 RIGSBY LANE  
SAFETY HARBOR, FL 34695

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04282009 REIN-LP CR2E100 (1/07)

4. FEI Number  
59-3567092

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

FORLIZZO, ROBERT A  
2903 RIGSBY LANE  
SAFETY HARBOR, FL 34695

## 7. Name and Address of New Registered Agent

Name Charles A Ernst Jr

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

2901 Rigsby Lane

City Safety Harbor

FL

Zip Code

34695

8. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable (REGISTERED AGENT MUST SIGN)

DATE

FILE NOW!!! FEE IS \$1000.00

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

## 12. GENERAL PARTNER INFORMATION

DOCUMENT # S76741  
NAME PARADISE DEVELOPMENT GROUP, INC.  
STREET ADDRESS 2901 RIGSBY LANE  
CITY-ST-ZIP SAFETY HARBOR, FL 34695

## 13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

800156670768  
06/02/09--01021--013 \*\*1000.00

REINSTATEMENT

08-09  
06-309

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Days: Phone #

STAPLE CHECK HERE

FILED

2009 JUN -2 PM 12: 20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

