

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

SECRETARY OF STATE
 DIVISION OF CORPORATIONS

L00000010612

1. DOCUMENT # L00000010612
 Name and Mailing Address

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 PARADISE VISTA LLC
 P.O. BOX 1614
 FT WALTON BEACH FL 32549-1614



REINSTATEMENT 2003

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/01/2000	
Principal Place of Business 1221 AIRPORT RD., SUITE 208 DESTIN FL 32541	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 36-4389771	Applied For Not Applicable
8. Name and Address of Current Registered Agent OWEN, DAVID A 1221 AIRPORT RD. DESTIN FL 32541		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable) 000025692340	
		12/22/03--01089--012 **150.00	
		City FL	Zip Code

10. 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 David A. Owen **SIGNATURE REQUIRED** Date 12-10-03
 REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	TIEMEYER, H.C. III	3013 ADIRONDACK DR. N.E.	CEDAR RAPIDS IA 52402
MGRM	TIEMEYER, PATTI F	3013 ADIRONDACK DR. N.E.	CEDAR RAPIDS IA 52402

REINSTATEMENT 2003

12. 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 Patti F. Tiemeyer **SIGNATURE REQUIRED** Date 12-10-03 Daytime Phone # 319-364-2761
 Typed or printed name of signing Managing Member/Manager PATTI F. TIEMEYER

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