


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

250.00  
10-1-04

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 MAR -3 AM 10:46

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L00000012946

1. Corporation Name  
**PARASIDE ISLAND PIZZA, LLC.**  
*Paradise*

2. Principal Office Address <b>9122 GRIFFIN ROAD</b> Suite, Apt. #, etc.	3. Mailing Office Address <b>9122 GRIFFIN ROAD</b> Suite, Apt. #, etc.
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City & State <b>COOPER CITY, FL</b>	City & State <b>COOPER CITY</b>
Zip <b>33328</b> Country	Zip <b>33328</b> Country <b>USA</b>

700068100747  
03/20/06--01019--007 \*\*250.00  
CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida **10/20/2000**

5. FEI Number **62-1806526** 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  
**gamaliel d phillips**

Street Address (P.O. Box Number is Not Acceptable)  
**9122 griffin road**

Suite, Apt. #, Etc.

City  
**cooper city** State **FL** Zip Code **33328**

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 *Gamaliel Phillips* Date **2/6/2006**

REGISTERED AGENT MUST SIGN

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
mgrm	gamaliel d phillips	3100 north rd #57	naples, fl 34104
mgrm	michelle a holbrook	29570 w cahill ct	big pine key, fl 33043

**REINSTATEMENT 04-06**

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: *Gamaliel Phillips* Date **2/6/06** 954 680 7759  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #