


2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L01000020065		
1. Entity Name PARADISE BUILDERS, LLC		
Principal Place of Business 200 CAPITAL CIRCLE S.W. TALLAHASSEE, FL 32305		Mailing Address P.O. BOX 6117 TALLAHASSEE, FL 32314

FILED

09 APR 30 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box # <i>5339 Capital Circle SW</i>		3. Mailing Address <i>5339 Capital Circle SW</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Tallahassee FL</i>		City & State <i>Tallahassee FL</i>	
Zip <i>32305</i>	Country <i>USA</i>	Zip <i>32305</i>	Country <i>USA</i>

04302009 REIN-LLC CR2E101 (1/07)

4. FEI Number 59-3760441	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent CAMPBELL, BRIAN 6813 WALDEN CI TALLAHASSEE, FL 32317		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$277.50	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CAMPBELL, BRIAN 6813 WALDEN CR. TALLAHASSEE, FL 32317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>000154540850</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>04/30/09--01033--006 **277.50</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 managing member or manager of the limited liability company or the recorder or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/30/09 (859)251-1449
Date Daytime Phone #

REINSTATEMENT

2008-09