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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L02000011703

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 24 PM 2:07

1. DOCUMENT # L02000011703

Name and Mailing Address

0013885 01 AT 0.292 **AUTO T1 0 0615 33904-722381



PARADISE VACATION RENTALS LLC
3501 DEL PRADO BLVD., SUITE 306
CAPE CORAL FL 33904-7223



2. New Mailing Address 3501 DEL PRADO BLVD. SUITE 306 City, State, Zip CAPE CORAL, FL 33904		4. State/Country of Formation FL	
Principal Place of Business 3501 DEL PRADO BLVD., SUITE 306 CAPE CORAL FL 33904		5. Date Organized or Qualified To Do Business in Florida 05/15/2002	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 03-0442206	
		Applied For Not Applicable	
		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 SPIEGEL & UTRERA, P.A. 1840 SOUTHWEST 22ND STREET, 4TH FLOOR MIAMI FL 33145		9. Name and Address of New Registered Agent Name JOSEPH A. MARTNER Street Address (P.O. Box Number is Not Acceptable) 3501 DEL PRADO BLVD. SUITE 306 City CAPE CORAL FL Zip Code 33904	
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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 *[Signature]* **SIGNATURE REQUIRED** Date **10-24-03**
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
MGR	MARTNER, JOSEPH A	3501 DEL PRADO BLVD., SUITE 306	CAPE CORAL FL 33904

REINSTATEMENT 2003
Oct 10/24

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 *[Signature]* **SIGNATURE REQUIRED** Date **10-24-03** Daytime Phone # **239-540-4946**

Typed or printed name of signing Managing Member/Manager

CR2EQ84 (7/03)