

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 APR 20 PM 1:13

DOCUMENT # L03000035709

1. Limited Liability Company's Name

PARADISE PROPERTIES, LLC

800151447208
04/21/09--01010--013 **718.75
CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 2975 OVERSEAS HWY Suite, Apt. #, etc.		3. Mailing Office Address 2975 OVERSEAS HWY Suite, Apt. #, etc.	
City & State MARATHON, FL		City & State MARATHON, FL	
Zip 33050	Country US	Zip 33050	Country US

4. State/Country of Formation FL/USA	
5. Date Organized or Qualified To Do Business in Florida 09/16/2003	
6. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> 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

Name
ROBERT K. MILLER

Street Address (P.O. Box Number is Not Acceptable)
2975 OVERSEAS HWY

Suite, Apt. #, Etc.

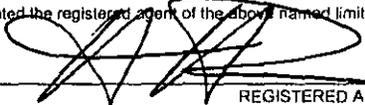
City
MARATHON

State
FL

Zip Code
33050

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. 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.

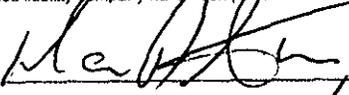
Signature of Registered Agent  Date 03/20/2009

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	MARIO D'AMICO	11 Ferguson Dr., Musselburgh	East Lothian Scotland EH21 6XA

11. 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  Date 3/30/2009 Daytime Phone # 0131-665 2256

Typed or printed name of signing Managing Member/Manager MR. MARIO D'AMICO