

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000032027

1. Limited Liability Company's Name

Paradise Builders of NW
Florida, LLC

09

2. Principal Office Address - No P.O. Box #

121 Wilder St.

Suite, Apt. #, etc.

3. Mailing Office Address

121 Wilder St

Suite, Apt. #, etc.

City & State

Niceville, FL

City & State

Niceville, FL

Zip

32578

Country

Okaloosa

Zip

32578

Country

Okaloosa

8. Name and Address of Current Registered Agent

Name

Trent Parks

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

121 Wilder St

Suite, Apt. #, Etc.

City

Niceville

State

FL

Zip Code

32578

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

REGISTERED AGENT MUST SIGN

Date

6-3-10

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
<u>mgzm</u>	<u>Trent Parks</u>	<u>121 Wilder St</u>	<u>Niceville / FL / 32578</u>

800181779098
06/07/10--01067--011 **143.75

REINSTATEMENT 2009-2010

800181779098
06/21/10--01059--017 **138.75

Without Penalty OK per
up 6/23/10 OK per
BET/WF

REINSTATEMENT 2009-10

11. E-mail Address: lyn34@aol.com

(To be used for future annual report notifications)

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

Date

6-3-10

Daytime Phone #

850.259.6204

Typed or printed name of signing Managing Member/Manager

TRENT PARKS

FILED

10 JUN 22 PM 1:55

RECEIVED
JUN 22 2010

CR2E041 (11/09)