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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**L99000003074**

APPLICATION FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF REVENUE  
John Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DIV  
1

**FILED**  
**Oct 31, 2002 8:00**  
**Secretary of State**

**1. DOCUMENT #** L99000003074  
Name and Mailing Address

0005993 01 FP 0.352 \*\*PRSR TB O 0615 34238-322247  
PARADISE BAY ENTERPRISES, L.C.  
9547 HAWKSMOOR LANE  
SARASOTA FL 34238-3222

4C  
10/31/02--01112--001 \*\*150.00



<b>2. New Mailing Address</b> City: State: Zip:		<b>4. State/Country of Formation</b> FL	
<b>5. Date Organized or Qualified - To Do Business in Florida</b> 05/21/1999		<b>6. FEI Number</b> 65-1076317	
<b>Principal Place of Business</b> 9547 HAWKSMOOR LANE SARASOTA FL 34238		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
<b>3. New Principal Place of Business Address</b> City, State, Zip		<b>Applied For</b> Not Applicable	
<b>8. Name and Address of Current Registered Agent</b> DUMBAUGH, JOHN D ESQ. 1900 RINGLING BLVD. SARASOTA FL 34236		<b>9. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b> Signature of Registered Agent <i>John Dumbagh</i> Date <u>10-25-02</u> REGISTERED AGENT MUST SIGN			
<b>11. Names and Street Addresses of Each Managing Member/Manager</b>			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	BUSCA, PIERA	9547 HAWKSMOOR LANE	SARASOTA FL 34238
MGRM	SERVADIO, UGO	VIA OCEANO INDIANO 14	POMEZIA, ROME, ITALY
MGRM	MAURO, RENATO	VIA ZENODOTO DI EFESO 20	ROME, ITALY
<b>REINSTATEMENT 2002</b>			

CR2E084 (8/02)

**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 *Piera Busca* Date 10-25-02 Daytime Phone # 941-9664132

Typed or printed name of signing Managing Member/Manager PIERA BUSCA