

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2004 JAN -6 PM 1:41

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

1. DOCUMENT # M00000002527

Name and Mailing Address

0009591 01 AT 0.292 \*\*AUTO T5 2 0615 33626-254822

123456789101112131415161718192021222324252627282930313233343536373839404142434445464748495051525354555657585960616263646566676869707172737475767778798081828384858687888990919293949596979899100

PARADIGM INDUSTRIES, L.L.C.

9822 EMERALD LINKS

TAMPA FL 33626-2548

000026041060  
01/06/04--01003--026 \*\*150.00



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|--|--|--|--|
| 2. New Mailing Address   |  | 4. State/Country of Formation<br>NY  |  |
| City, State, Zip   |  | 5. Date Organized or Qualified To Do Business in Florida<br>12/05/2000   |  |
| Principal Place of Business<br>9822 EMERALD LINKS<br>TAMPA FL 33626  | 3. New Principal Place of Business Address |  | 6. FEI Number<br>13-4142335                                |
|  | City, State, Zip                           |  | Applied For<br>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<br><br>LIGHTMAN, ELLIOTT<br>9822 EMERALD LINKS<br>TAMPA FL 33626   |  | 9. Name and Address of New Registered Agent<br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br>FL Zip Code |  |
| 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.<br>Signature of Registered Agent <i>Elliot D. Lightman</i> <b>DECLARED</b> Date <u>12.28.03</u><br>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   |
| MGRM   | GIARRATANA, EUGENE R                       | 40 CEDAR STREET  | DOBBS FERRY NY 10522                                       |
| MGRM   | LIGHTMAN, ELLIOTT D                        | 9822 EMERALD LINKS   | TAMPA FL 33626   |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |

**REINSTATEMENT** 2003

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/Manage

Typed or printed name of signing Managing Member/Manager

ELLIOTT D. LIGHTMAN

Date 12-28-03

Daytime Phone # 813. 818-4507