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TALLAHASSEE, FLORIDA**

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LIMITED LIABILITY REINSTATEMENT

PARADIGM INVESTMENT GROUP, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$521.25

M. THOMAS

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EXAMINER

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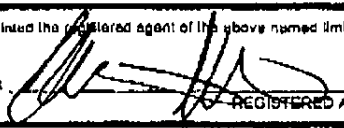
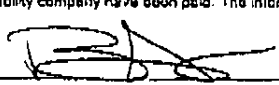
SECRETARY OF STATE
TALLAHASSEE, FLORIDALIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M06000004431

1. Limited Liability Company's Name

Paradigm Investment Group, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 9191 Towne Centre Drive Suite, Apt. #, etc. Suite 420 City & State San Diego, CA Zip 92122 Country USA		3. Mailing Office Address 18504 9th Ave SE Suite, Apt. #, etc. Suite 203 City & State Mill Creek, WA Zip 98012 Country USA		4. State/Country of Formation Nevada
				5. Date Organized or Qualified To Do Business in Florida August 10, 2006
				6. FEI Number 91-1971562 ☐ Applied For ☐ Not Applicable
				7. CERTIFICATE OF STATUS DESIRED ☒ \$55.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent Name CT Corporation Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. #, Etc. City Plantation State FL Zip Code 33324				☐ 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, do accept the obligations of Chapter 608, F.S. Signature of Registered Agent  Chris McNeel Assistant Secretary Date 10/23/09				
10. Names and Street Addresses of Managing Members/Managers				
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip	
MGRM	Don Wollan	9191 Towne Centre Drive, Suite 420	San Diego, CA 92122	
MGRM	Dan Shea	9191 Towne Centre Drive, Suite 420	San Diego, CA 92122	
MGRM	Brian Kelley	9191 Town Centre Drive, Suite 420	San Diego, CA 92122	
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 808.400, 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 10/22/09 EXAMINER M. THOMAS		
Typed or printed name of signing Managing Member/Manager Brian Kelley		Daytime Phone # 858-458-9748		