

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000006766

FILED  
Dec 21, 2009  
Secretary of State

Entity Name: PARADISE GARDENS PENSACOLA, INC.

## Current Principal Place of Business:

514 WEST GREGORY STREET  
PENSACOLA, FL 32501 US

## New Principal Place of Business:

## Current Mailing Address:

508 WEST GREGORY STREET  
PENSACOLA, FL 32501 US

## New Mailing Address:

209 N DEVILLIERS STREET  
PENSACOLA, FL 32502 US

FEI Number: 26-3004549      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

THE LAW OFFICES OF NICK SPRADLIN, PLLC  
12000 N. DALE MABRY HIGHWAY  
#110  
TAMPA, FL 33618 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CICALÉ JOHN

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: CICALÉ, JOHN  
Address: 514 WEST GREGORY STREET  
City-St-Zip: PENSACOLA, FL 32501

Title: FM ( ) Delete  
Name: CICALÉ, JOHN  
Address: 514 WEST GREGORY STREET  
City-St-Zip: PENSACOLA, FL 32501

Title: D ( ) Delete  
Name: MILLER, DOUGLAS  
Address: 514 WEST GREGORY STREET  
City-St-Zip: PENSACOLA, FL 32501

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: CICALÉ, JOHN  
Address: 209 N DEVILLIERS STREET  
City-St-Zip: PENSACOLA, FL 32502

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: CICALÉ, DESIREE  
Address: 514 WEST GREGORY STREET  
City-St-Zip: PENSACOLA, FL 32501

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN J CICALÉ

FM

12/21/2009

Electronic Signature of Signing Officer or Director

Date