


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

02 JUN 19 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/27/02--01034--009
****300.00 ****300.00


CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <i>P 00000008134</i>			
1. Corporation Name Paradigm Computers, Inc.			
2. Principal Office Address 229 Whitcomb Dr. Suite, Apt. #, etc.		3. Mailing Office Address same Suite, Apt. #, etc.	
City & State Geneva, FL 32732 Zip Country 32732 U.S.A.		City & State same Zip Country same same	

4. Date Incorporated or Qualified To Do Business in Florida 1/18/2000	
5. FEI Number 59-3634017	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Cornelia C. Zeller		
Street Address (P.O. Box Number is Not Acceptable) 229 Whitcomb Dr.		
Suite, Apt. #, Etc.		
City Geneva, FL 32732	State FL	Zip Code 32732

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.	
Signature of Registered Agent	Date
REGISTERED AGENT MUST SIGN	

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Kirk E. Zeller	229 Whitcomb Dr.	Geneva, FL 32732
D	Cornelia C. Zeller	229 Whitcomb Dr.	Geneva, FL 32732

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: 	Cornelia C. Zeller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 407-948-3158 Daytime Phone #

CR2E081 (9/01)

May 3, 2002

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Reinstatement – Document Number - P00000008134

Please process this application of reinstatement for Paradigm Computers, Inc. We have had a change of address which apparently affected our notice of reinstatement. I only recently realized that this was not completed at the proper time last year. I am including a check for the processing fee and the annual report fee. Also, I am submitting a filing fee and change of address information so that it is current in your system. Please process this in a timely manner and I will check the Sunbiz website for the update. Or you can e-mail me with the status at zeller4@juno.com. Thank you for your help.

Sincerely,

A handwritten signature in black ink, appearing to read "Kirk G. Zeller", with a long, sweeping horizontal line extending to the right.

Kirk Zeller
229 Whitcomb Dr.
Geneva, FL 32732

Phone Number (407) 948-3158