



FLORIDA DEPARTMENT OF STATE **Katherine Harris** 

Secretary of State

**DIVISION OF CORPORATIONS** 

## P00000035983 **DOCUMENT #**

1. Corporation Name

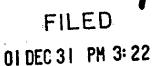
10074 NW 6TH STREET

SIGNATURE:

PARADIGM NETWORK CONSULTING SERVICES, INC Principal Place of Business Mailing Address

10074 NW 6TH STREET

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.



PEMBROKE PINES FL 33024		PEMBROKE PINES FL 33024			I ADDINEDU KIL BONIN ODNIN OBNIN BONIN BONIN BONIN BONIN BIKAR KINDA BIKAR BONIN KANDA KILI YADA			
If above addresses are incorrect in any way, line through incorrect information and enter correction to								
If above addresses are incorrect in any way, line through incorrect information and enter correction below.  2. New Principal Office Address, If Applicable  3. New Mailing Office Address, If Applicable					Date Incorporated or Qualified			
Sulte, Apt. #, etc Suite, Apt. #, etc.					To Do Business in Florida 04/07/2000			
#1105					5. FEI Number Applied For			
tomoavo Beach, FL City & State					E/1V#=	6510214		
Žip 330	062 Country USA	Count	****	CERTIFICATE OF STATUS DESIRED (\$8.75 Additional Fee required for a Certificate of Status				
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)								
Title(s)	itle(s) Name of Officers and/or Directors		Street Address of Eac Officer and/or Director			4 Ci	ity / State / Zip	
D	GONZALEZ, ADALINDA 10074 NW 617 8639		10074 NW 6TH	M. Kwerside De.		EMPANO BEACH FL330		
			# 1105					
			316,000		51	-01/10/02 -01/10/02 ****158	559250 201084024 75_****158.75	
				<u>.</u>				
8. Name and Address of Current Registered Agent  Name					9. Name and Address of New Registered Agent			
GONZALEZ, ADALINDA  Street Address (P.O. Box Number is No Acceptable)  Street Address (P.O. Box Number is No Acceptable)								
PEMBROKE PINES FL 32024 2639 N. Riverside DR. #1105 Hompa-No Beach, FL 33062				City State Zip Code				
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.								
Signature of Registered Agent Date 12/19/01								
11. 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 filling 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								



## PARADIGM NETWORK CONSULTING SERVICES, INC. 2639 N. RIVERSIDE DRIVE #1105/POMPANO BEACH, FLORIDA 33062 ADDY@PARADIGM-NETWORK.COM

OFFICE: 954-941-1623 / FAX: 954-252-4083

December 19, 2001

Division of Corporations Annual Report/Reinstatement Section PO Box 6327 Tallahassee, FL 32314-6327

Ref: Paradigm Network Consulting Services, Inc. P00000035983 EIN# 651021443

## Greetings:

I recently moved and in mail after my move, I received the Certificate for Dissolution or Revocation. I didn't understand why, so I called and spoke to Ms. Michelle Milligan (at 850-245-6059). I did not receive any kind of notice prior to this. I am therefore proceeding as she has instructed:

- 1. A check for the amount of \$150.00 is attached
- 2. The Application for Reinstatement is attached
- 3. This letter of Explanation

Also, please note my new address: Hillsboro Light Towers

2639 No. Riverside Drive #1105 Pompano Beach, FL 33062

I am a consultant and have been in business under my corporation since April of 2000. I hold my Company very seriously, and I sincerely apologize for any inconvenience this may have caused.

Sincerely yours,

President

Attachments: 2