CORPORATION REINSTATEMENT

200249B7

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 23 PM 1: 45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12/23/02--01114--007 **150.00

DOCUMENT # P 00000059688

1. Corporation Name
Paradox Construction Corp.

2. Principal Office Address
16860 N.W. 21 Ter.

Suite, Apt. #, etc.

City & State
Ft. Lauderdale FL.

Zip 33309   Country U, S.A

3. Mailing Office Address

Suite, Apt. #, etc.

City & State
FL, Pompano Bch.

Zip 33069   Country U. S.A.

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
65-1018496

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name
Gary Innes

Street Address (P.O. Box Number is Not Acceptable)
6860 N.W. 21 Ter.

Suite, Apt. #, Etc.

City
Ft. Lauderdale, FL.

State **FL**   Zip Code 33309

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 _____   REGISTERED AGENT MUST SIGN   Date 12/2/02

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
Pres.	Gary Innes	6860 N.W. 21 Ter. Ft. Lauderdale, FL 33309	
V.P.	Nathan Ogren	6711 N.W. 28 Way	Ft. Lauderdale, FL. 33309
		02 UBR	

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)(l), 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: _____   12/2/02   (954) 605-7562

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #