PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 OCT 22 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600008518286
10/22/02--01085--004 **300.00

DOCUMENT # P00000091737

1. Corporation Name: PARADISE CONSTRUCTORS, INC

2. Principal Office Address	3. Mailing Office Address
4496 WHITE RD	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PACE, FL. 32571	City & State
Zip: 32571 / Country: USA	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 9/25/06

5. FEI Number: 65-1051706 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: BARBARA SANDERS
Street Address (P.O. Box Number is Not Acceptable): 4496 WHITE RD.
Suite, Apt. #, Etc.:
City: PACE | State: FL | Zip Code: 32571

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: 10/16/02
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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	EDWARD SANDERS	4496 WHITE RD	PACE, FL. 32571
VP	BARBARA SANDERS	4496 WHITE RD	PACE, FL 32571

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: _____ EDWARD W. SANDERS, PRES 10/16/02 (850) 516-0225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gl 10/24/02

PARADISE CONSTRUCTORS
4496 WHITE RD.
PACE, FL. 32571
(850) 516-0225

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

RE: Corporation Reinstatement

To Whom It May Concern:

We did not receive the annual report because we have moved. Our old address was 3842 Sabertooth Cir. Gulf Breeze, Fl. 32563. Our new address changed to 4488 White Rd. Pace, Fl. 32571. The post office has changed our address to 4496 White Rd. Pace, Fl 32571. We've included our check for $300.00.

If you have any questions please call 516-0225.

Thank You,
Eddie Sanders