


2005 FOR PROFIT CORPORATION REINSTATEMENT

APPROVAL
AND
FILED

05 APR 20 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000092082		
1. Entity Name PARADISE INTERLOCKING BRICK PAVERS INC		

Principal Place of Business 2668 MC MULLENBOOTH RD 1317 CLEARWATER, FL 33761 US	Mailing Address 2668 MC MULLENBOOTH RD 1317 CLEARWATER, FL 33761 US
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2. Principal Place of Business 2516 WOOD POINTE DRIVE	3. Mailing Address 2516 WOOD POINTE DRIVE
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State HOLIDAY, FLORIDA	City & State HOLIDAY, FLORIDA
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Zip 34691	Country US	Zip 34691	Country US
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04062005 REIN-P CR2E098 (6/04) *MRS*

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
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DA SILVA, WANDER 2668 MC MULLENBOOTH RD 1317 CLEARWATER, FL 33761		Name Street Address (P.O. Box Number is Not Acceptable) 2516 WOOD POINTE DRIVE City HOLIDAY FL Zip Code 34691	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE **4/19/2005**

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS DA SILVA, WANDER 2668 MC MULLENBOOTH RD APT 1317 CLEARWATER, FL 33761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2516 WOOD POINTE DRIVE HOLIDAY, FL 34691
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ARCENIO, MARCIA 2668 MC MULLENBOOTH RD APT 1317 CLEARWATER, FL 33761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2516 WOOD POINTE DRIVE HOLIDAY, FL 34691
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900054667699 05/17/05--01027--009 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 04-05
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE **4/19/2005** DAYTIME PHONE # **727 9192 967**