

**2005 FOR PROFIT CORPORATION
REINSTATEMENT**

APPROVAL
AND
FILED

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

2. Principal Place of Business
2516 WOOD POINTE DRIVE

3. Mailing Address

2516 WOOD POINTE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
HOLIDAY, FLORIDA

City & State
HOLIDAY, FLORIDA

Zip
34691

Zip
34691

Country
US

Country
US

04062005 REIN-P CR2E098 (6/04) *MRS*

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



4. FEI Number
20-0598651

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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 **34691**

7. Name and Address of New Registered Agent

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 *Wander C.*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *04/18/2005*

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTS** Delete
NAME DA SILVA, WANDER
STREET ADDRESS 2668 MC MULLENBOOTH RD APT 1317
CITY-ST-ZIP CLEARWATER, FL 33761

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **2516 WOOD POINTE DRIVE**
HOLIDAY, FL 34691

TITLE **V** Delete
NAME ARCEÑIO, MARCIA
STREET ADDRESS 2668 MC MULLENBOOTH RD APT 1317
CITY-ST-ZIP CLEARWATER, FL 33761

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **2516 WOOD POINTE DRIVE**
HOLIDAY, FL 34691

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **900054667699**
05/17/05-01027--009 **\$300.00

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **REINSTATEMENT** *04-05*

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Wander*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/18/2005 727-9192967

Date

Daytime Phone #