

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 NOV -5 AM 11:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000092082

1. Corporation Name

Paradise Interlocking Brick Pavers Inc

2. Principal Office Address - No P.O. Box #  
2516 WOOD POINTE DRIVE

3. Mailing Office Address  
2516 WOOD POINTE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
HOLIDAY, FL

City & State  
HOLIDAY, FL

Zip  
34691

Country  
US

Zip  
34691

Country  
US

4. Date Incorporated or Qualified  
To Do Business in Florida AUGUST 21, 2003-

5. FEI Number  
20-0598651

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  
WANDER DA SILVA

Street Address (P.O. Box Number is Not Acceptable)  
2516 WOOD POINTE DRIVE

Suite, Apt. #, Etc.

City  
HOLIDAY

State Zip Code  
FL 34691

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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 11/2/09

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
PTS	WANDER DA SILVA	2516 WOOD POINTE DRIVE	HOLIDAY, FL 34691
V	MARCIA ARCENIO	2516 WOOD POINTE DRIVE	HOLIDAY, FL 34691

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 contained in Chapter 119, 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:

WANDER DA SILVA

Date

11/2/09

Daytime Phone #

727/6384476