

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY -5 PM 1:18

DOCUMENT # **P03000114820**

1. Corporation Name

NEXT PARADIGM, INC.
C/o PETER ROCCISANO

2. Principal Office Address

200 W. RIVERBEND DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

SUNRISE, FL

City & State

Zip

33326

Country

USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/13/2003

5. FEI Number

20-0318473

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 04-05

7. Name and Address of Current Registered Agent

Name

PETER ROCCISANO

Street Address (P.O. Box Number is Not Acceptable)

200 W. RIVERBEND DRIVE

Suite, Apt. #, Etc.

City

SUNRISE

State

FL

Zip Code

33326

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

REGISTERED AGENT MUST SIGN

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
D	PETER ROCCISANO	200. W RIVERBEND DRIVE	SUNRISE, FL 33326

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-29-05

Michael S. Jaffee, CPA, P.A.

Certified Public Accountant

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April 29, 2005

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

Re: Next Paradigm, Inc.
EIN: 20-0318473

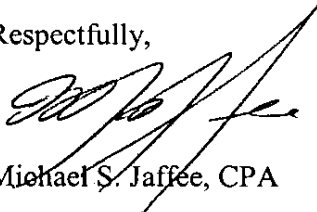
Dear Ma'm:

Pursuant to a conversation I had last Friday afternoon with a representative of the Department of State, I am enclosing a check in the amount of \$ 300 to kindly be credited to the 2004 and 2005 UBR for the above referenced corporation.

Neither the corporation nor any of its representatives received the pre-printed form from the State. I believe the cause of this is the result the State does not have the correct mailing address for Next Paradigm, Inc. I have made the necessary corrections on the enclosed UBR Form.

Thank you in advance for your understanding.

Respectfully,



Michael S. Jaffee, CPA