

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

09 AUG -3 AM 8:18

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P06000085897

1. Corporation Name

JOHN PARYSE : ASSOCIATES INC

300159191343 08/03/09--01055--006 **450.00

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #

840 COPA D ORO

Suite, Apt. #, etc.

3. Mailing Office Address

840 COPA D ORO

Suite, Apt. #, etc.

City & State

MARATHON, FLORIDA

City & State

MARATHON, FLORIDA

Zip

33050

Country

USA

Zip

33050

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

6-23-2006

5. FEI Number

20-5108512

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

JOHN PARYSE

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

840 COPA D ORO

Suite, Apt. #, Etc.

City

MARATHON

State

FL

Zip Code

33050

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

John Paryse

REGISTERED AGENT MUST SIGN

Date

2/2/2009

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Titles, Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Row 1: P, JOHN PARYSE, 840 COPA D ORO, MARATHON, FL, 33050. Large 'REINSTATEMENT' watermark is present.

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:

John Paryse

JOHN PARYSE

2/2/2009

(305)731-0250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PIH