


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P06000089154</b>		
1. Entity Name <b>PARADISE INVESTMENT HOLDINGS, INC.</b>		

Principal Place of Business <b>2941 WOODPINE COURT SARASOTA, FL 34231 US</b>	Mailing Address <b>2941 WOODPINE COURT SARASOTA, FL 34231 US</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
<b>LIPPERT, SALLY R</b> <b>2941 WOODPINE COURT</b> <b>SARASOTA, FL 34231</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 *Sally R. Lippert* DATE 11-17-07

Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2008, Fee will be \$300.00</b>	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	P. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIPPERT, SALLY R	NAME	
STREET ADDRESS	2941 WOODPINE COURT	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34231	CITY-ST-ZIP	
TITLE	SEC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIPPERT, SALLY R	NAME	
STREET ADDRESS	2941 WOODPINE COURT	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34231	CITY-ST-ZIP	
TITLE	TREA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIPPERT, SALLY R	NAME	
STREET ADDRESS	2941 WOODPINE COURT	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34231	CITY-ST-ZIP	
TITLE	DIR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIPPERT, SALLY R	NAME	
STREET ADDRESS	2941 WOODPINE COURT	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34231	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, be empowered.

SIGNATURE: *Sally R. Lippert* DATE 11-17-07 DAYTIME PHONE # 941-302-4001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APPROVED  
AND  
FILED

07 NOV 16 PM 3:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RJ 11-26-07



11162007 REIN-P CR2E098 (1/07)

REINSTATEMENT 07

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

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