

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR 10 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *PO6000146935*

1. Corporation Name

PARADISE PARKING LOT MAINTENANCE CORP.

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

2614 SW 38th TERRACE

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 150725

Suite, Apt. #, etc.

City & State

CAPE CORAL, FL.

City & State

CAPE CORAL, FL

Zip

33914

Country

LEE

Zip

33915

Country

LEE

000149459350

04/10/09--01031--013 **450.00

REINSTATEMENT *07-09*

4. Date Incorporated or Qualified To Do Business in Florida

11/27/06

5. FEI Number

03-0611593

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

GINA R. BALSAM

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

2614 SW 38th TERRACE

Suite, Apt. #, Etc.

City

CAPE CORAL

State

FL

Zip Code

33914

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 807.0505 or 817.0503, F.S.

Signature of Registered Agent

Gina R Balsam, pms
REGISTERED AGENT MUST SIGN

Date

4/9/09

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 |
|-------------|-----------------------------------|--|-----------------------------|
| <i>pres</i> | <i>Gina R. Balsam</i> | <i>2614 SW 38th Terrace</i> | <i>Cape Coral, FL 33914</i> |
| <i>v.p.</i> | <i>"</i> | <i>"</i> | <i>"</i> |
| <i>sec.</i> | <i>"</i> | <i>"</i> | <i>"</i> |
| | | | |
| | | | |
| | | | |

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:

Gina R Balsam, pms
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/09
Date

239-540-1503
Daytime Phone #

4/13