

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2008 OCT 15 AM 11:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10152008 REIN-P CR2E098 (1/07)

4. FEI Number **26-0767794** Applied For ☐ Not Applicable ☐  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # P07000092755  
1. Entity Name  
PARADISE PRIMO INC.



Principal Place of Business  
107 MCEWEN DRIVE  
NICEVILLE, FL 32578

Mailing Address  
107 MCEWEN DRIVE  
NICEVILLE, FL 32578

2. Principal Place of Business - No P.O. Box #  
**105 EDREHI DR.**

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**Niceville FL**

Zip  
**FL 32578** Country **Okalosa**

6. Name and Address of Current Registered Agent  
**PRIMOSCH, THOMAS E**  
**107 MCEWEN DRIVE**  
**NICEVILLE, FL 32578**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
**105 EDREHI DR**  
City **Niceville** FL Zip Code **32578**

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2009, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRIMOSCH, THOMAS E 107 MCEWEN DRIVE NICEVILLE, FL 32578 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>105 EDREHI DR.</b> <b>Niceville, FL 32578</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PRIMOSCH, ROBIN L 107 MCEWEN DRIVE NICEVILLE, FL 32578 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>600137174536</b> <b>10/22/08--01042--001 **\$150.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. PRIMOSCH, ROBIN L 107 MCEWEN DRIVE NICEVILLE, FL 32578 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA PRIMOSCH, THOMAS E 107 MCEWEN DRIVE NICEVILLE, FL 32578 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>REINSTATEMENT</b> <b>2008</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 like empowered.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #