

1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM FILED

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 AUG 17 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000025338

1. Corporation Name
Paradigm Mandarin, Inc.

WA

2. Principal Office Address
3390 Kori Road

3. Mailing Office Address
7216 Secret Woods Court

REINSTATEMENT 02-04

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. Date Incorporated or Qualified
To Do Business in Florida 04/01/1993

5. FEI Number
59-3188262

Applied For
Not Applicable

Zip
32257

Country
USA

Zip
32216

Country
USA

6. CERTIFICATE OF STATUS DESIRED \$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
John E. Lawlor, III

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

Suite, Apt. #, Etc.
Suite 2600

City
Jacksonville

State
FL

Zip Code
32202

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0605 or 617.0503, F.S.

Signature of Registered Agent

John E. Lawlor, III

REGISTERED AGENT MUST SIGN

Date

8/16/04

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
PT	Mitchell R. Lewis	7216 Secret Woods Court	Jacksonville, FL 32216
DVPS	Doloris Lewis	5043 Mariners Point Drive	Jacksonville, FL 32225

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)(f), 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:

Mitchell R. Lewis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/16/2004 904 613-3424

Date

Daytime Phone #

2052

Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : FISHER, TOUSEY, LEAS & BALL
Account Number : I19990000021
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CORPORATION REINSTATEMENT

PARADIGM MANDARIN, INC.

Certificate of Status	1
Certified Copy	0
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