

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 APR -4 AM 10: 27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #P96000095756

1. Corporation Name

Paradise Show & Design, Inc.

2. Principal Office Address

4380 36th Street

Suite, Apt. #, etc.

3. Mailing Office Address

4380 36th Street

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Orlando, Florida

Zip

32811

Country

USA

Zip

32811

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11/22/96

5. FEI Number

59-3420857

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

Epstein, Lawrence M.

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

4380 36th Street

Suite, Apt. #, Etc.

City

Orlando,

State

FL

Zip Code

32811

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

REGISTERED AGENT MUST SIGN

Date

APRIL 1, 2003

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
PSTD	Lawrence M. Epstein	4380 36th Street	Orlando, FL 32811

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)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/03

Date

407-649-7220

Daytime Phone #

CR2E081 (10/02)

2/4/5

**KANE AND KOLTUN**

ATTORNEYS AT LAW

A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS

557 NORTH WYMORE ROAD

SUITE 100

MAITLAND, FLORIDA 32751

E-MAIL: lawoffices@kaneandkoltun.com

STEVEN H. KANE\*  
JEFFREY M. KOLTUN\*\*

\*L.L.M. in Taxation  
Florida Board Certified in  
Wills, Estates and Trusts

\*\*Also admitted in Ohio  
and Kentucky

TELEPHONE  
(407) 661-1177

TELEFAX  
(407) 660-6031

April 1, 2003

Secretary of State  
Bureau of Corporate Records  
Corporations Division  
Attention: Justin  
Post Office Box 6327  
Tallahassee, Florida 32314

Re: Paradise Show & Design, Inc.  
Effective Date: Date of Filing

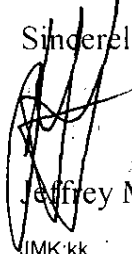
Dear Justin:

In connection with the reinstatement of the above corporation, we have enclosed an Application for Reinstatement for Paradise Show & Design, Inc., including the name and address of the Registered Agent.

As my assistant Kim discussed with you yesterday, Paradise Show & Design, Inc. moved their business office and did not receive notice of the 2002 Annual Report/Uniform Business Report or the Annual Report/Uniform Business Report for the current year. Therefore, the Corporation was not able to file the Report for the year 2002, in a timely manner which resulted in the Administrative Dissolution of the Corporation. In that regard, we have enclosed a check in the amount of \$300.00 made payable to Department of State to cover the reinstatement fees for the Corporation.

Please contact me if you have any questions or need additional information.

Sincerely,



Jeffrey M. Koltun

JMK:kk

Enclosures

cc: Mr. Larry Epstein