PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY 18 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000052716

1. Corporation Name
A PERFECT DAY IN PARADISE, INC.

REINSTATEMENT 03-04
4/21/04.01077.022 902

2. Principal Office Address	3. Mailing Office Address
120 CELESTIAL WAY	120 CELESTIAL WAY
Suite, Apt. #, etc.: APT. 314	Suite, Apt. #, etc.: APT. 314
City & State: JUNO BEACH, FLORIDA	City & State: JUNO BEACH, FLORIDA
Zip: 33408 Country: U.S.A.	Zip: 33408 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 6/13/1997

5. FEI Number: 582347833 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: DENICE T. SUMMERS
Street Address (P.O. Box Number is Not Acceptable): 120 CELESTIAL WAY
Suite, Apt. #, Etc.: APT. 314
City: JUNO BEACH, State: FL Zip Code: 33408

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: Denice T. Summers Date: April 14, 2004
REGISTERED AGENT MUST SIGN

CR2E381 (05/04)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officer and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPST	DENICE T. SUMMERS	120 CELESTIAL WAY, #314	JUNO BEACH, FL 33408
D	PAUL GREYDON SUMMERS	149 OAKWOOD LANE	PALM BEACH GARDENS, FL 33410
D	MATTHEW CARNEY SUMMERS	411 ELIZABETH ST.	E. LANSING, MI 48823

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05/28/04--01003--020 **8.75

10. I certify that I am an officer or director of 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: Denice T. Summers April 14, 2004 561-622-0180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #