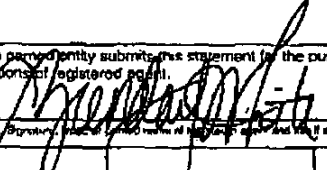


2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 29 AM 9:18

DOCUMENT # P97000052716					
1. Entity Name A PERFECT DAY IN PARADISE, INC.					
Principal Place of Business 120 CELESTIAL WAY APT 314 JUNO BEACH, FL 33408			Mailing Address 120 CELESTIAL WAY APT 314 JUNO BEACH, FL 33408		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent SUMMERS, DENICE T 120 CELESTIAL WAY APT 314 JUNO BEACH, FL 33408			7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD City PLANTATION, FL 33324 FL Zip Code		
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:  Dennis L. White Asst. Secretary DATE: 11/29/05					
FILE NOW! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPST	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	SUMMERS, DENICE T		NAME		
STREET ADDRESS	120 CELESTIAL WAY #314		STREET ADDRESS		
CITY-ST-ZIP	JUNO BEACH, FL 33408		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	SUMMERS, PAUL G		NAME		
STREET ADDRESS	148 OAKWOOD LN		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	SUMMERS, MATTHEW C		NAME		
STREET ADDRESS	411 ELIZABETH ST		STREET ADDRESS		
CITY-ST-ZIP	E. LANSING, MI 48823		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, as on an attachment with an address, with all other info empowered.					
SIGNATURE:  Denice T. Summers DATE: 11/29/05 313-966-9700					

REINSTATEMENT 05



10072005 REIN-P CR2E098 (8/04)

4. FEI Number
58-2347833

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

CT CORPORATION SYSTEM

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

1200 S. PINE ISLAND RD

City

PLANTATION, FL 33324

FL

Zip Code

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 of the registered agent or authorized officer or director, if applicable.

NOTE: Registered Agent signature required when reinstating.

DATE

FILE NOW! FEE IS \$750.00

After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPST ☐ Delete

NAME SUMMERS, DENICE T

STREET ADDRESS 120 CELESTIAL WAY #314

CITY-ST-ZIP JUNO BEACH, FL 33408

TITLE D ☐ Delete

NAME SUMMERS, PAUL G

STREET ADDRESS 148 OAKWOOD LN

CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE D ☐ Delete

NAME SUMMERS, MATTHEW C

STREET ADDRESS 411 ELIZABETH ST

CITY-ST-ZIP E. LANSING, MI 48823

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Denice T. Summers

DATE

11/29/05 313-966-9700

Daytime Phone

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 : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

CORPORATION REINSTATEMENT

A PERFECT DAY IN PARADISE, INC.

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