

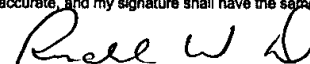


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 01 OCT 26 PM 3:47	
DOCUMENT # P99000064230					
1. Corporation Name PARADISE SALES & MARKETING, INC.					
2. Principal Office Address 28342 Glade Fern Ct. Suite, Apt. #, etc.		3. Mailing Office Address 28342 Glade Fern Ct. Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 7/12/1999	
City & State Wesley Chapel FL		City & State Wesley Chapel FL		5. FEI Number 593593614 Applied For Not Applicable	
Zip 33543	Country USA	Zip 33543	Country USA	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Duane H. Janssen					
Street Address (P.O. Box Number is Not Acceptable) 1626 38th Avenue North					
Suite, Apt. #, Etc.					
City St Petersburg				State FL	Zip Code 33713
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 				Date 10-22-2001	
REGISTERED AGENT MUST SIGN					
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		
PVST	Ronald W. Dick	28342 Glade Fern Court	Wesley Chapel FL 33543		
D	Ronald W. Dick	28342 Glade Fern Court	Wesley Chapel FL 33543		
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: 		Date 10/23/01		Daytime Phone # 813-551-5742	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E081 (8/00)