

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

00 JAN 10 PM 5:25

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 750930

1. Corporation Name

PARADISE BY THE SEA ASSOCIATION, INC.

Principal Place of Business

Mailing Address

300 LAYNE BLVD HALLANDALE FL 33009

300 LAYNE BLVD HALLANDALE FL 33009

REINSTATEMENT

99



7/20/99 90009/046 \$61.25

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

02/04/1980

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2010918

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Rows include: PD GANGUZZ, ANTHONY; S PAGANUZZI, ALBERT; T ~~WRIGHT, TERRY~~ TOM GORDO; S ~~HOBERMAN, LILLIAN~~ HARRY JACOBS; D ZITA, JUDY; D ~~GLOING, DAVID~~ MIKE LABELLA.

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GANGUZZA, ANTHONY 250 LAYNE BLVD #212 HALLANDALE FL 33009

Name: GANGUZZA, ANTHONY Street Address: 250 LAYNE BLVD Suite, Apt. #, Etc.: #212 City: HALLANDALE, FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Signature of Anthony Ganguzzo

SIGNATURE REQUIRED REGISTERED AGENT MUST SIGN

Date DEC 1/99

11. 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

Dec. 1/99

Date

Daytime Phone #

07/26/99 90009 046 6125

CR2E040 (3/99)