

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAY 26 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000076224

1. Corporation Name

AMANDA'S PARADISE, INC.

REINSTATEMENT 02-04

11/15/02 010.85 009 150.00

2. Principal Office Address

6132 SW 129TH COURT

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33183

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida 08/02/2001

5. FEI Number
65-1126248

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
MARIO M. VERA

Street Address (P.O. Box Number is Not Acceptable)
201 SW 51ST COURT

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33174

500035558985
05/06/04 01023-002 **900 00

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

Mario M. Vera

REGISTERED AGENT MUST SIGN

Date 04/29/04

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
MD T	MARIO M. VERA	201 SW 51 COURT	MIAMI, FL 33174
SD P	CARMEN R. VERA	201 SW 51 COURT	MIAMI, FL 33174

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:

Mario M. Vera

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer 4/29/04 851446-4766

Date

Daytime Phone #

CR2E081 (01/04)