PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
99 JAN -4 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 716001

1. Corporation Name

CASA PARADISO NORTH, INC.

Principal Place of Business	Mailing Address
541 BLUE HERON DRIVE P O BOX 92 HALLANDALE FL 33009	541 BLUE HERON DRIVE P O BOX 92 HALLANDALE FL 33009

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 02/06/1969

5. FEI Number: 59-1267612 ☐ Applied For ☐ Not Applicable

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)

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*****61.25 *****61.25

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City/State 4
~~VD~~	~~SHERMAN, TINA~~	~~541 BLUE HERON DRIVE~~	~~HALLANDALE FL 33009~~
D	GAIELLA, HELEN	541 BLUE HERON DRIVE	HALLANDALE FL 33009
TD	STRZEWSKI, HELEN	541 BLUE HERON DRIVE	HALLANDALE FL
DS	GORDETZKY, BEATRICE	541 BLUE HERON DR	HALLANDALE FL
D	ZAMPANO, JOANNE	541 BLUE HERON DRIVE	HALLANDALE FL 33009
PD	KRUIT, ALAN	541 BLUE HERON DRIVE	HALLANDALE FL 33009

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
STRZEWSKI, HELEN 541 BLUE HERON DR APT 118 C HALLANDALE FL 33009	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (9/98)

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: Helen M. Strzewski REQUIRED — REGISTERED AGENT MUST SIGN

Date: 12 20 98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☑ (See other side for information on intangible tax.)

12. 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: Helen M. Strzewski REQUIRED — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12 20 98 — Date

954 4561169 — Daytime Phone #

CASA PARADISO NORTH
541 BLUE HERON DRIVE
HALLANDALE, FLORIDA 33009

71601

12 20 98

KINDLY BE ADVISED THAT OUR CHECK FOR 1998 HAS NOT YET CLEORED. WE ARE THEREFORE SENDING YOU A CHECK TO REPLACE THE ORIGINAL TIMELY FILED RETURN FOR 61.25. KINDLY DELETE ANY PENALTY AS THIS WAS ORIGINALLY TIMELY FILED.

THANKYOU

THIS LETTER IS WRITTEN AS PER TELEPHONE CONVERSATION WITH YOUR OFFICE.

Helen J. Stryewski TREAS + DIRECTOR + REGISTERED AGENT