

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT -6 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000023844280

10/12/04--01035--020 **715.00

10/21/03 01092 004 \$ 35.00

DOCUMENT # P00000091737

1. Corporation Name Paradise Constructors, Inc.

2. Principal Office Address

4960 Hwy 90 ~~1000~~

Suite, Apt. #, etc.

#152

City & State

Pace, Florida

Zip

32571

Country

USA

3. Mailing Office Address

Same as #2

Suite, Apt. #, etc.

City & State

Pace, Florida

Zip

32571

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida 9/25/2000

5. FEI Number
651051706

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

Edward Sanders

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

4496 White Road

Suite, Apt. #, Etc.

City

Pace

State

FL

Zip Code

32571

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

9/30/04

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
P/V/P/S.	Edward Sanders	4496 White Road	Pace, Florida 32571

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/30/04

Daytime Phone #

850-

232-4681

CR2E081 (01/04)