

Aug 11 04 08:37p

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
04 AUG 27 AM 10:26

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

DOCUMENT # 474236

1. Corporation Name

PARADISE WORLD CORP.

2. Principal Office Address
10730 NW 68TH LN

3. Mailing Office Address
10730 NW 68TH LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
DORAL, FL

City & State
DORAL, FL

Zip
33178-3651

Country

Zip
33178-3651

Country

REINSTATEMENT

02-04

[Handwritten Signature]

4. Date Incorporated or Qualified To Do Business in Florida	04/17/1975
5. FCI Number	592326273
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

JOSE A. RAMIREZ

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

10730 NW 68TH LN

Suite, Apt. #, Etc.

City
DORAL

State
FL

Zip Code
33178-3651

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 ☒

REGISTERED AGENT MUST SIGN

Date 8-11-2004

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	JOSE A. RAMIREZ	10730 NW 68TH LN	DORAL, FL 33178-3651
D	MARTHA RAMIREZ	10730 NW 68TH LN	DORAL, FL 33178-3651
D	YOLANDA RAMIREZ	10730 NW 68TH LN	DORAL, FL 33178-3651
VS	JORGE ROJO	10730 NW 68TH LN	DORAL, FL 33178-3651
D	MARIA LUISA PALAZUELOS	10730 NW 68TH LN	DORAL, FL 33178-3651

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE A. RAMIREZ

8-11-2004

305 513 0421

Date

Daytime Phone #

CR2E081 (9/01)

Aug 11 04 08:38p

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DATE: 8-11-2004

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

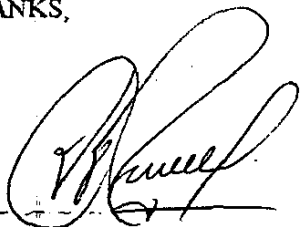
FROM: PARADISE WORLD CORP.
JOSE A. RAMIREZ

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORT BY MAIL. (2002)

PLEASE FILE OUR ANNUAL REPORT.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 305 513 0421.

THANKS,



PARADISE WORLD CORP.
JOSE A. RAMIREZ, PRESIDENT