

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Matthew J. Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 NOV -1 PM 3:05

DOCUMENT # F98000005287

1. Corporation Name

PARADISE CATERING AND PIZZA, INC.

Principal Place of Business

Mailing Address

10447 WATER BIRD WAY  
BRADENTON FL 34209

10447 WATER BIRD WAY  
BRADENTON FL 34209



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

09/21/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

41-1917279

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	ERICKSON, STEVE	10447 WATER BIRD WAY	BRADENTON FL 34209
VSTD	ERICKSON, JOANNA	10447 WATER BIRD WAY	BRADENTON FL 34209
			600004699116--6 -11/29/01--01077--002 ****550.00 ****550.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ERICKSON, STEVE  
10447 WATER BIRD WAY  
BRADENTON FL 34209

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

*Steve Erickson*

Date

10/22/01

REGISTERED AGENT MUST SIGN

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

Date

10/22/01

Daytime Phone #

(941) 744-9677

CR2040 (8/01)