

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # K46023

1. Corporation Name

PARADISE REEF EQUIPMENT, INC.

FILED

99 DEC -3 AM 10: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2011 SW 22ND AVENUE
FT LAUDERDALE FL 33312
US

Mailing Address

~~1101 EAST SANDRON~~
~~P.O. BOX 143~~
~~WINONA MN 55987~~
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/17/1988

5. FEI Number

59-2919816

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 99

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CPVS	GLOVER, RUSSELL K., III	2011 S.W. 22ND AVENUE	FT. LAUDERDALE FL

100003070171--7
-12/14/99--01106--008
***750.00 ***750.00

8. Name and Address of Current Registered Agent

BUSCHMAN, ALBERT E., JR.
2215 SOUTH THIRD ST.
SUITE 101
JACKSONVILLE BEACH FL 32250

9. Name and Address of New Registered Agent

Name
RUSSELL K. GLOVER III
Street Address (P.O. Box Number is Not Acceptable)
2011 S.W. 22ND AVE.
Suite, Apt. #, Etc.

City
FT. LAUDERDALE

State
FL

Zip Code
33312

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10-19-99

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-19-99

Daytime Phone #

KE