

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # K89422**

**1. Corporation Name**

Paradise Trading International, Inc.

**2. Principal Office Address**

12940 Coronado Lane

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33181

Country

USA

**3. Mailing Office Address**

12940 Coronado Lane

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33181

Country

USA

**4. Date Incorporated or Qualified**

To Do Business in Florida **May 19, 1989**

**5. FEI Number**

65-0121542

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

Kevin J. Keimig

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

12940 Coronado Lane

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33181

**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 **May 3, 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 / D	Kevin J. Keimig	12940 Coronado Lane	Miami, Florida 33181

**REINSTATEMENT**

96-04

T. Lewis

**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:**

KEVIN J. KEIMIG

May 3, 2004

305-903-5551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
04 MAY 25 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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