

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L08885

1. Corporation Name

PARADISE RESTAURANT, INC.

100003480991--2
-11/30/00--01036--007
****150.00 ****150.00

2. Principal Office Address

903 N. BREVARD AVE.
AR.

Suite, Apt. #, etc.

3. Mailing Office Address

903 N. BREVARD AVE

Suite, Apt. #, etc.

City & State

ARCADIA FL

City & State

ARCADIA, FL

Zip

34266

Country

USA

Zip

34266

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/07/1989

5. FEI Number

59-2948108

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

FLETCHER BROWN

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

124 N. BREVARD AVE.

Suite, Apt. #, Etc.

City

ARCADIA

State

FL

Zip Code

34266

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

Fletcher Brown

Date 11-8-00

REGISTERED AGENT MUST SIGN

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
DP	KONSTANTINIDIS, JOHN	903 N. BREVARD AVE	ARCADIA, FL 34266
			AD

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:

John Konstantinidis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-8-00

Date

863-494-2061

Daytime Phone #

DO NOT REMOVE!

2052

BROWN & WALDRON

ATTORNEYS AT LAW

124 NORTH BREVARD AVENUE
ARCADIA, FLORIDA 34266

FLETCHER BROWN
EUGENE E. WALDRON, JR.
SANDRA SANDERS

(863) 494-4323
FAX (863) 494-6790
email address: bwcatty@desoto.net

October 18, 2000

Florida Department of State
ATTN: Ms. Katherine Harris
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

#L08885

Re: Paradise Restaurant, Inc.

Dear Ms. Harris,

This office has the privilege to represent Paradise Restaurant, Inc. The reason for this letter is that we have received a certificate of administrative dissolution predicated on the non-payment of the 2000 applicable taxes.

This corporation was created August 7, 1989 and every year thereafter, promptly paid the applicable taxes. The reason for the default in the year 2000, is that it was addressed to Paradise Restaurant, Inc., P.O. Box 124 N. Brevard Avenue, Arcadia, Florida 34266-8835.

(There is no P.O. Box 124 N. Brevard Avenue)

Apparently, the Post Office either held it or returned it to your organization. What we are deeply concerned about is the reinstatement fee of \$600.00 for that the State, not the corporation, made the mistake in addressing the return to the wrong address. We ask that this reinstatement fee be waived for the reason set out. The corporation has always paid its taxes promptly and would have in this instance if they had been appropriately addressed.

Very truly yours,

Fletcher Brown

Fletcher Brown

FB/llq

cc: Paradise Restaurant, Inc.