

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 24 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M60177

1. Corporation Name

THE PARADISE AUTO AIR CONDITIONING, INC.

Principal Place of Business

C/O JESUS PAEZ
1571 WEST 38TH PL.
HIALEAH FL 33012

Mailing Address

C/O JESUS PAEZ
1571 WEST 38TH PL.
HIALEAH FL 33012

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

10/02/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0016099

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	PAEZ, JESUS	18810 NW 45TH AVE.	MIAMI FL

800008573858
10/24/02--01089--004 **150.00

10/28

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PAEZ, JESUS
1571 WEST 38TH PL.
HIALEAH FL 33012

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. or 617.0505, F.S.

Signature of
Registered Agent

Jesus Paez

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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:

Jesus Paez

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED40 (8/02)

October 22 2002.

Florida Department of State
Division of Corporation
Tallahassee, Fla.

R: Document No. M60177
Paradise Auto Air Conditioning Inc.

To Whom it may concern:

This week I received by regular mail a notice of Administrative Dissolution or Revocation form.
I never received de Uniform Business Report for the year 2002.
At this time my business financial situation is the worst it has ever been since I've owned it .
This is why I am sending you the original fee of \$ 150.00.

Thank you for understanding my situation.

Sincerely


Jesus Paez
President