CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 28 PM 12: 41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M60177

1. Corporation Name
THE PARADISE AUTO AIR CONDITIONING INC

2. Principal Office Address
1571 W 38 PC

3. Mailing Office Address
Same

07/23/03 90058 020 1500

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Hialeah, FL

City & State

4. Date Incorporated or Qualified To Do Business in Florida 10/02/87

5. FEI Number
65-0016099

Applied For / Not Applicable

Zip 33012 Country DADE

Zip   Country

6. CERTIFICATE OF STATUS DESIRED ☐

$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name JESUS PAEZ

Street Address (P.O. Box Number is Not Acceptable)
1571 WEST 38 PLACE

400035787014
05/07/04--01035--025 **750.00

Suite, Apt. #, Etc.

City Hialeah   State FL   Zip Code 33012

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 _____   Date 4/27/04
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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	JESUS PAEZ	1571 W 38 PL	Hialeah FL 33012

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: _____   4/27/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #