

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

02 OCT -3 AM 10:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N00000004903

1. Corporation Name

PARADISE FAMILY CHURCH INC.

Principal Place of Business

Mailing Address

159 PINE ISLAND ROAD NE  
CAPE CORAL FL 33915

159 PINE ISLAND ROAD NE  
CAPE CORAL FL 33915



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

CAPE CORAL, FLORIDA  
33915 USA

4. Date Incorporated or Qualified  
To Do Business in Florida

07/24/2000

5. FEI Number

Applied For

65-0853273

Not Applicable

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
P	KEVIN CASSIDY	3021 SE 18 <sup>th</sup> PL	CAPE CORAL, FL 33904
VP	MARIA CASSIDY	3021 SE 18 <sup>th</sup> PL	CAPE CORAL, FL 33904
S/T	SHARYL CARLSON	2910 SW 4 <sup>th</sup> PL	CAPE CORAL, FL 33914
D	PAUL HOWWAY	2299 DIXIE LEE CT	ST JAMES CITY, FL 33956
D	DONALD F. MONG	16161 SADDLEWOOD LN	CAPE CORAL, FL 33991
900008703799 10/30/02--01095--016 **297.50			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CASSIDY, KEVIN  
229 SE 43 TERRACE  
CAPE CORAL FL 33915

Name  
KEVIN CASSIDY  
Street Address (P.O. Box Number is Not Acceptable)  
3021 SE 18<sup>th</sup> PLACE  
Suite, Apt. #, Etc.

CAPE CORAL  
State FL Zip Code 33904

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 REQUIRED  
REGISTERED AGENT MUST SIGN

Date 9-26-02

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

9-26-02 239-4589453

Date

Daytime Phone #

CR2E040 (8/01)