

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JAN 24 PM 5: 04

DOCUMENT # *N99000000504*

1. Corporation Name

Paradise Interfaith Network, Inc.

100065189211  
02/06/06--01005--018 \*\*542.50

**REINSTATEMENT** *01-06*

2. Principal Office Address

280 Key Deer Blvd.

3. Mailing Office Address

280 Key Deer Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Big Pine Key, FL

City & State

Big Pine Key, FL

Zip  
33043

Country  
U.S.A.

Zip  
33043

Country  
U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

01/21/1999

5. FEI Number

65-0909178

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

Reverend Greer Jensen

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

280 Key Deer Blvd.

Suite, Apt. #, Etc.

City

Big Pine Key

State

FL

Zip Code

33043

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

*Greer Jensen*

REGISTERED AGENT MUST SIGN

Date

1/11/06

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
D	Reverend Greer Jensen	280 Key Deer Blvd.	Big Pine Key, FL 33043
D	Father Thomas Mullane	PO Box 430657	Big Pine Key, FL 33043
DST	Reverend David Mueller	280 Key Deer Blvd.	Big Pine Key, FL 33043
D	Carey Goodman	23088 Bluegill Lane	Cudjoe Key, FL 33042
D	Reverend Chris Todd	30243 Coconut Hwy.	Big Pine Key, FL 33403

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Greer G. Jensen*

Date

1/11/06

Daytime Phone #

305  
872-2470