

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *page 1 of 2*

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P00000011383**

1. Corporation Name

PEARLS OF PARADISE, INC.

Principal Place of Business

**7104 WESTMAR DRIVE
ORLANDO FL 32819**

Mailing Address

**7104 WESTMAR DRIVE
ORLANDO FL 32819**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/27/2000

5. FEI Number

59-3624083

Applied For

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
DP	BATANI, TEVA	7104 WESTMAR DRIVE	ORLANDO FL 32819
D	BATANI, TEHANI	7104 WESTMAR DRIVE	ORLANDO FL 32819

000004752480-6
-01/07/02--01011--001
****150.00 ****150.00

01/18/01

8. Name and Address of Current Registered Agent

**BATANI, TEVA
7104 WESTMAR DRIVE
ORLANDO FL 32819**

9. Name and Address of New Registered Agent

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.

Signature of
Registered Agent

Teva Batani

REGISTERED AGENT MUST SIGN

Date

12/18/01

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:

Teva Batani

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/18/01 (407) 345-0847

CR2000 (8/01)

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Pearls of Paradise Inc.
7104 Westmar Drive
Orlando, Florida 32819

December 18, 2001

Department of State
Division of Corporations
P.O. Box 6327

Tallahassee, Florida 32314

Dear Sir or Madam:

On December 18, 2001, I spoke with an examiner from your office. This letter is to inform you that Pearls of Paradise Inc. did not receive a 2001 corporation annual report/uniform business report at the beginning of this year, for reasons we are not sure of. This is our first year in business and we were unaware of this report. We would like to reinstate; enclosed is the completed application for reinstatement, as well as a check (#6549) to cover the reinstatement fee for \$150.00.

Sincerely,



Teva Batani
President