

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2010 JUL 16 P 3:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000053112

1. Corporation Name

Paradise Car Spa Inc

X100000032055

2. Principal Office Address - No P.O. Box #

3701 SE 21st Pl

3. Mailing Office Address

3701 SE 21st Pl

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cape Coral, FL

City & State

Cape Coral, FL

Zip

33904

Country

Lee

Zip

33904

Country

Lee

4. Date Incorporated or Qualified  
To Do Business in Florida

5/2000

5. FEI Number

65-1009-008

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$3.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Cheryl Rodgers

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

3701 SE 21st Pl

Suite, Apt. #, Etc.

City Cape Coral

State FL

Zip Code 33904

PROFIT CORPORATIONS ONLY

☐ The \$600.00 reinstatement fee is imposed,  
except in circumstances which the entity did  
not receive the prior notices. By checking  
this box, you are certifying the prior  
notices were not received and requesting  
the reinstatement fee be waived.

If 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

Cheryl Rodgers

REGISTERED AGENT MUST SIGN

Date 6/11/10

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	Cheryl Rodgers	3701 SE 21st Pl	Cape Coral, FL 33904

**REINSTATEMENT**

800183357888  
07/16/10--01021--015 \*\*150.00

800183357888  
07/16/10--01021--016 \*\*153.75

10. E-mail Address: Paradise Cheryl 06 @ Hotmail. com

(To be used for future annual report notification)

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. I further certify, 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:

Cheryl Rodgers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/10 2398416602

Date

Daytime Phone #