

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**

2010 JUL 16 P 3:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800183357888  
07/16/10--01021--014 \*\*150.00

800183357888  
07/16/10--01021--013 \*\*800.00

CR2E081 (4/10)

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000053112

1. Corporation Name

Paradise Car Spa Inc

X100000032055

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

3701 SE 21st Pl

Suite, Apt. #, etc.

City & State

Cape Coral, FL

Zip

33904

Country

Lee

3. Mailing Office Address

3701 SE 21st Pl

Suite, Apt. #, etc.

City & State

Cape Coral, FL

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  \$6.75 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, by 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 \*\*158.75

0810  
AS

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

Date

2398416602  
Daytime Phone #