

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
~~XXXXXXXXXX~~  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 APR -9 AM 8:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000091737

1. Corporation Name

Paradise Constructors, INC.

900015559879  
04/09/03--01067--005 \*\*150.00

900015559879  
04/09/03--01067--004 \*\*750.00

2. Principal Office Address

4496 White Rd.

Suite, Apt. #, etc.

City & State

Pace, FL

Zip

32571

Country

U.S.

3. Mailing Office Address

4496 White Rd.

Suite, Apt. #, etc.

City & State

Pace, FL

Zip

32571

Country

U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida

Nov. 8, 2000

5. FEI Number

65-1051706

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

Barbara Sanders

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

4496 White Rd.

Suite, Apt. #, Etc.

~~PAACE~~

City

Pace

State

FL

Zip Code

32571

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

Barbara Sanders

Date

3/12/03

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---------------------------------------------------|--------------------|
| P      | Edward Sanders                       | 4496 White Rd.                                    | Pace, FL 32571     |
| V      | Barbara Sanders                      | 4496 White Rd.                                    | Pace, FL 32571     |
|        |                                      |                                                   |                    |
|        |                                      |                                                   |                    |
|        |                                      |                                                   |                    |
|        |                                      |                                                   |                    |

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/12/03

Daytime Phone #

850-516-0225

CR2E081 (9/01)