

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

02 DEC 10 PM 12:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P00000101275**

**1. Corporation Name**

PARADISE PICTURES, INC.

**2. Principal Office Address**

801 North Venetian Drive

**3. Mailing Office Address**

801 North Venetian Drive

Suite, Apt. #, etc.

Apt. # 605

Suite, Apt. #, etc.

Apt. # 605

City & State

Miami Beach, FL

City & State

Miami Beach, FL

Zip

33139

Country

Zip

33139

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**  
65-1051169

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

300009436693  
12/10/02--01063--004 \*\*750.00  
**REINSTATEMENT 02**

**7. Name and Address of Current Registered Agent**

Name

Bernard Vassas

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

801 North Venetian Drive

Suite, Apt. #, Etc.

Apt. # 605

City

Miami Beach

State  
**FL**

Zip Code

33139

**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

REGISTERED AGENT MUST SIGN

Date **December 3, 2002**

**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
P/S	Bernard Vassas	801 North Venetian Drive, Apt. # 605	Miami Beach, FL 33139

**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

12/03/02

(305) 443-1144

Date

Daytime Phone #

CR2E081 (9/01)