

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katharine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000107691

1. Corporation Name

TROPICAL PARADISE RESTAURANT INC.

2. Principal Office Address

5205 W. Colonial Dr

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

32808

Country

Orange

3. Mailing Office Address

5205 W Colonial Dr

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

32808

Country

Orange

4. Date Incorporated or Qualified
To Do Business in Florida

11/15/2000

5. FEI Number

59-3657183

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

Surajani L. Thackurdeen

400004732694-3

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

5214 Ashwood Rd.

-12/19/01--01003--028

****160.00 ****160.00

Suite, Apt. #, Etc.

City

Orlando FL 32808

State

FL

Zip Code

32808

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

[Signature]

Date 11/26/01

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 Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Surajani Thackurdeen	5205 W. Colonial Dr	Orlando FL 32808

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/26/01

Date

407-578-7766

Daytime Phone #

TROPICAL PARADISE RESTAURANT INC.
5205 w. Colonial Dr.
Orlando FL 32808
407- 758 -7766

TROPICAL PARADISE REST.

November 26, 2001

TO: The division of Corporation Reinstatement,

I Surujani Thackurdeen is writing this letter to let you know that I was not inform that I had to reinstate my corporation. I though that I had until the year 2002 to reinstate the corporation. I did not receive any paper work about reinstating the corporation within the pass year. If there is any questions, please call me at 407-578-7766 Thank you.

Sincerely,



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