

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**

07-03



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUL 14 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000117136

1. Corporation Name

PACIFIC PARADISE, INC.

2. Principal Office Address

17875 COLLINS AVE

Suite, Apt. #, etc.

2501

City & State

SUNNY ISLES

Zip

33160

Country

U.S.A

3. Mailing Office Address

2875 N.E. 191ST STREET

Suite, Apt. #, etc.

801

City & State

AVENTURA, FLORIDA

Zip

33180

Country

U.S.A

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

12/26/2000

5. FEI Number

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

DANIEL J. SERBER

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

2875 N.E. 191 STREET

Suite, Apt. #, Etc.

801

City

AVENTURA

State

FL

Zip Code

33180

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

Date 03/04/02

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
D	SABA LUIS	17875 COLLINS AVE UNIT 2501	SUNNY ISLES, FL, 33180
SD	DE SABA, LELA KABLY	17875 COLLINS AVE UNIT 2501	SUNNY ISLES, FL, 33180
TD	SABA SALOMON K	17875 COLLINS AVE UNIT 2501	SUNNY ISLES, FL, 33180

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

Luis SABA STERN

03/04/03

Date

305-932-6262

Daytime Phone #

CRZE081 (10/02)

21 215

LAW OFFICES
SERBER & ASSOCIATES, P.A.

TURNBERRY PLAZA, SUITE 801
2875 NORTHEAST 191ST STREET
AVENTURA, FLORIDA 33180
TELEPHONE (305) 932-6262
TELECOPY (305) 933-9393

May 9, 2003

Via Federal Express

Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

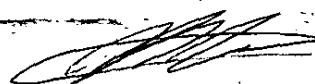
Re: *Pacific Paradise, Inc.*
Document No. P010000117136
Our File No.: 126-40

Dear Sir or Madam:

Enclosed please find the Corporation Reinstatement form for Pacific Paradise, Inc. with a check in the amount of \$300.00 representing the 2002 Annual Report Fee as well as the Annual Report Fee for 2003. As per my conversation with the Uniform Business Report Section of the Division of Corporations, the Uniform Business Report was never received for 2002 and 2003 by our client. Since the Annual Report for 2002 and 2003 was never received we were advised to forward a check in the amount of \$300.00 representing the filing fee for both years to bring this corporation up to date.

Thank you for your cooperation.

Very truly yours,



Matthew B. Wealcatch

Encl.
tck: 2/3/03
EAB/E/08