

112

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
06 OCT 13 AM 11:14
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 001000066011			
1. Corporation Name Paprika Development Corp.			
2. Principal Office Address 7700 N Kendall Drive		3. Mailing Office Address	
Suite, Apt. #, etc. 505		Suite, Apt. #, etc.	
City & State Miami		City & State	
Zip 33156	Country USA	Zip	Country

REINSTATEMENT

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida July 3, 2001	
5. FEI Number 65-1120961	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 Patrick Gribbon	
Street Address (P.O. Box Number is Not Acceptable) 7700 North Kendall Drive	
Suite, Apt. #, Etc. Suite 505	
City Miami,	State FL
	Zip Code 33156

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 <i>Patrick Gribbon</i>	Date 10-5-06

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTS	Aguirre, Fernando C	7700 N Kendall Dr. #505	Miami, FL 33156

01/19/07--01012--001 **168.75

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 contained in Chapter 118, 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

Daytime Phone #

Fernando Aguirre B. **FERNANDO AGUIRRE B.** **6-5-06** **(591)(2)2440677**

GRIBBON & BRONKHORST LLC

CERTIFIED PUBLIC ACCOUNTANTS

7700 NORTH KENDALL DRIVE, SUITE 505
MIAMI, FL 33156

PATRICK GRIBBON CPA
PATRICIA BRONKHORST CPA

2/2
TELEPHONE: 305.279.6622
FAX: 305.274.1322

October 6, 2006

Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Re: Paprika Development

Dear Sir,

Enclosed is the reinstatement form for Paprika Development and a check for \$1,058.75 (including \$8.75 for the certificate of status). At this time I am requesting that the reinstatement fee of \$600.00 be waived and refunded to Paprika Development. The forms were not received and therefore not forwarded to my client for payment.

Please do not hesitate to call me if you have any questions.

Sincerely,

Patrick Gribbon CPA

Patrick Gribbon CPA

MEMBER OF:

AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS AND FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS