

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P0200074888

1. Corporation Name
Paradise Caribbean Produce
And Groceries
W05-40208

2. Principal Office Address 261 Thor Ave Palm Bay FL
Suite, Apt. #, etc. A

3. Mailing Office Address 261 Thor Ave
Suite, Apt. #, etc. A

City & State Palm Bay, FL

Zip 32907 **Country** USA

05 SEP 22 PM 2:31

05-05-03 92184 041 \$150.00
REINSTATEMENT 03-05

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 56-2282574

6. CERTIFICATE OF STATUS DESIRED ☐ **\$8.75 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name Borland, Pauline

Street Address (P.O. Box Number is Not Acceptable) 261 Thor Ave

Suite, Apt. #, Etc. A

City Palm Bay

State FL **Zip Code** 32907

100059998091
09/27/05--01028--002 **150.00
500059998135
09/27/05--01028--003 **150.00

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** _____

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
DP	Borland, Pauline	2535 Lakerian RD.	Malabar, FL 32950
DUST	Fletcher, Elberton	4020 Adams Lane	Malabar, FL 32950

5/5/03 92184 041 \$150.00

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: Pauline Borland **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** PAULINE BORLAND **Date** 8/19/05 **Daytime Phone #**



pg 2 of 2

AUGUST 9, 2005

261 THOR AVE.

PALM BAY, FL

32909

pgsc@fdn.com

To Whome It May Concern:

On April 30, 2003 I filed for my 03 cooperation. I send a check for \$150.00 ck#1022, which was cashed but the cooperation was dissolved. In May of that year I contacted somebody in that department and I was told that they didn't understand what I was talking about. Now today I was speaking to someone in your office and they let me to know that the reason that it happend was because they did'nt get an FEI number.

I was told that they had sent out another paper for me but I did'nt received any. In 2004 due to the hurricane I was having problems with the mail. So I am asking that you concider not charging me a reinstatement fee.

Enclose you will find a check for \$300.00.

Thanks in advance for your cooperation. I can be reached at 321-676-7725

Pansy Fletcher

PARADISE OCEAN BEACH PRODUCE & GROCERIES, INC.