


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

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

FILED  
06 MAR -6 PM 1:17

STATE  
PALM BEACH, FLORIDA

DOCUMENT # *P02000074888*

1. Corporation Name

*Paradise Caribbean Produce  
AND Groceries, Inc*

2. Principal Office Address *261 Thor*

*Ave. Palm Bay FL*

Suite, Apt. #, etc.

*A*

City & State

*Palm Bay, FL*

Zip

*32909 USA*

3. Mailing Office Address

*261 Thor Ave*

Suite, Apt. #, etc.

*A*

City & State

*Palm Bay, FL*

Zip

*32909 USA*

200067972502  
03/16/06--01017--001 \*\*150.00

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

*562282574*

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

*Fletcher, EVERTON*

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

*261 Thor Ave*

Suite, Apt. #, Etc.

*A*

City

*Palm Bay*

State

*FL*

Zip Code

*32909*

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

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	Fletcher, EVERTON	4020 Adams Lane	Malabar, FL 32950

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 119, 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:

*Everson Fletcher*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/25/06*

Date

Daytime Phone #