

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Page 1 of 2*

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 10 PM 4:20

DOCUMENT # *03000095783*

1. Corporation Name

Paradise Access INC
W06000010110

2. Principal Office Address

5007 N Falkenburg Rd
Suite, Apt. #, etc.
n/a

3. Mailing Office Address

5007 N Falkenburg Rd
Suite, Apt. #, etc.
n/a

City & State

Tampa, FL

City & State

Tampa FL

Zip

33610

Country

Hillsborough

Zip

33610

Country

Hillsborough

4. Date Incorporated or Qualified
To Do Business in Florida

10/2004 to now 2/2006

5. FEI Number

20-6193553

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

George CRUZ JR.

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

5007 N Falkenburg Rd

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33610

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
<i>OP</i>	<i>CRUZ, George Jr</i>	<i>5007 N Falkenburg Rd</i> <i>Tampa, FL 33610</i>	<i>Tampa, FL 33610</i>
<i>ST</i>	<i>CRUZ, George JR</i>	<i>5007 N Falkenburg Rd</i> <i>Tampa, FL 33610</i>	<i>Tampa, FL 33610</i>
		<i>3/1/06</i>	
		<i>REINSTATEMENT 04.06</i>	

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:

George Cruz Jr.

George Cruz Jr.

2/23/06 813-620-3245

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/14

PD

Changed
check # 2003 for 450⁰⁰ sorry
2/23/06

To whom it may concern,

I called on 2/23/06, once we found out about this problem, we never rec'd any paperwork for 2004, and to be honest we still havn't seen any paper work.

If there is any problem please call, if the amount is wrong I can give you a credit card # or for whatever you need.

We will hire a professional to help us out.

We are just a very small company, basically it's just George Cruz, I and his wife, and I don't understand the stuff, plus I have medical problems, I'm not a doctor.

And please feel free to call

813-620-3245

150⁰⁰ 2005
150⁰⁰ 2006
8²⁵

358²⁵ 2006