

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

13 JUN -5 AM 10:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000128707

1. Corporation Name

S.W.FLORIDA PARADISE PROPERTY INC

2. Principal Office Address - No P.O. Box #

4645 SW 11 PL

Suite, Apt. #, etc.

103

City & State

CAPE CORAL, FL

Zip

33904

Country

US

3. Mailing Office Address

4645 SW 11 PL

Suite, Apt. #, etc.

103

City & State

CAPE CORAL, FL

Zip

33904

Country

US

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida  
09/13/04

5. FET Number

20-1607233

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

HERNAN PINEDA

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

4645 SW 11 PL

Suite, Apt. #, Etc.

103

City

CAPE CORAL

State

FL

Zip Code

33904

000248624840  
06/05/13--01034--008 \*\*785.00

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

REGISTERED AGENT MUST SIGN

Date 05/31/13

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
P	HERNAN PINEDA	4645 SW 11 PL #103	CAPE CORAL, FL 33904

10. E-mail Address: s.laniobusiness@gmail.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/31/13

239-542-9104

Date

Daytime Phone #

02 Williams JUN - 5 2013