

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 APR 22 AM 9:49

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P04000155361

1. Corporation Name

Paradise Tropical Creamery, Inc.

B 4/23/08  
100122583631  
04/22/08--01019--002 \*\*158.75

**REINSTATEMENT 06-08**

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #  
1319 Vine Street

3. Mailing Office Address  
189 Toluca Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Kissimmee, FL.

City & State  
Kissimmee, FL.

Zip  
34744

Country  
U.S.A.

Zip  
34743

Country  
U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida 11/15/2004

5. FEI Number  
26-1538540

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  
VILLALOBOS, ESMERALDA J

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

Suite, Apt. #, Etc.

City  
Kissimmee

State Zip Code  
FL 34743

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date April 01/08

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	Esmeralda J. Villalobos	189 Toluca Drive,	Kissimmee, FL. 34743
Trea	Ivo G. Tavares	189 Toluca Drive,	Kissimmee, FL. 34743

100122583631  
04/08/08--01030--008 \*\*300.00

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 01/08 407-473-2796  
Date Daytime Phone #