

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 FEB 21 PM 12:02

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

200089586862  
02/27/07--01029--015 \*\*1050.00

DOCUMENT # P04000173086

1. Corporation Name

Paradise Enterprise Services, INC.

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

12803 Penguin Drive

Suite, Apt. #, etc.

3. Mailing Office Address

12803 Penguin Drive

Suite, Apt. #, etc.

City & State

Bradenton, FL

City & State

Bradenton, FL

Zip

34212

Country

Manatee

Zip

34212

Country

Manatee

**REINSTATEMENT 05-07**

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

12-29-04

5. FEI Number

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

Hazel Wingate

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

12803 Penguin Dr.

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34212

☐ 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

X HUN A REG AGENT / PRESIDENT

REGISTERED AGENT MUST SIGN

Date 2-15-07

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
Pres	Hazel Wingate	12803 Penguin Drive Bradenton, FL 34212	Bradenton, FL 34212
D	Phil Wingate	12803 Penguin Drive Bradenton, FL 34212	Bradenton, FL 34212

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:

X HUN A PRESIDENT Hazel Wingate

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-15-07

Daytime Phone #

941-538-1240