

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 APR 25 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300101390479
05/03/07--01029--014 **300.00

DOCUMENT # P05000016409

1. Corporation Name

K.B.Paradise EstatesGroup,Inc.

REINSTATEMENT 06-07

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

170 Ocean Lane

3. Mailing Office Address

170 Ocean Lane

Suite, Apt. #, etc.

Suite 509

Suite, Apt. #, etc.

Suite 509

City & State

Key Biscayne, Florida

City & State

Key Biscayne, DFlorida

Zip

33149

Country

Miami Dade

Zip

33149

Country

Miami Dade

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

02/01/2005

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

Victor L. Vidal

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

701 SW 27th Avenue

Suite, Apt. #, Etc.

Suite 606

City

Miami

State

FL

Zip Code

33135

☒ 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

Victor L. Vidal

REGISTERED AGENT MUST SIGN

Date **April 24, 2007**

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
D	Manuel Muniz	170 Ocean Lane Ste 509	Key Biscayne , Florida 33149
D	Javier Muniz	170 Ocean Lane Ste 509	Key Biscayne , Florida 33149

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 filling 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:

Manuel Muniz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/2007/

Date

Daytime Phone #