

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

W08000003949

**FILED**

2008 JAN 25 AM 11:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000109830

1. Corporation Name

PARADISE LIMITED, INC.

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

2601 NE 13<sup>TH</sup> ST

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

FT LAUDERDALE, FL

City & State

Zip

33304

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/17/05

5. FEI Number

56-2529073

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

JAMES K HORKY

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

2601 NE 13<sup>TH</sup> ST

Suite, Apt. #, Etc.

City

FT LAUDERDALE, FL

State

FL

Zip Code

33304

☒ 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

James K Horky  
REGISTERED AGENT MUST SIGN

Date

1/17/08

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	Horky, James K.	2601 NE 13 <sup>TH</sup> ST.	FT. Lauderdale FL 33304
			300115803513
			01/22/08--01059--018 **450.00
REINSTATEMENT			
06-08			

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:

James K Horky

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954)530-3572