

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000019458**

1. Corporation Name

EL PARAISO PASO FINO FARMS, INC.

Principal Place of Business

P.O. BOX 750
LAND O'LAKES FL 34630

Mailing Address

P.O. BOX 750
LAND O'LAKES FL 34630

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED
96 NOV 12 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 1996 *11/15/96*

Date Incorporated or Qualified
To Do Business in Florida

03/11/1994

5. FEI Number

50-3232453

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	BISCHOFF, FRED J	P.O. BOX 750 (N/A)	LAND O'LAKES FL 34630
D	BISCHOFF, RANDOLPH	P.O. BOX 750 (N/A)	LAND O'LAKES FL 34630
			900002009209-5
			11/28/96-01815-007
			****375.00 ****375.00

8. Name and Address of Current Registered Agent

~~**JACOBSON, RICHARD A**~~
~~**501 E. KENNEDY BLVD.**~~
~~**SUITE 1700**~~
~~**TAMPA FL 33602**~~

9. Name and Address of New Registered Agent

Name
FRED J BISCHOFF
Street Address (P.O. Box Number is Not Acceptable)
6 P.L.I. 2001 BRINSON RD K-8
Suite, Apt. #, Etc.
City
LUTZ
State
FL
Zip Code
33549

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date **11-5-96**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 under section 119.07(3)(f), 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]
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
FRED J. BISCHOFF

11-5-96 **913-949-9327**
Date Daytime Phone