

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 12 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
700008939851
11/12/02--01103--022 **150200

DOCUMENT # P94000073006

1. Corporation Name

PARADISE U.S.A., INC.

Principal Place of Business

161 VENETIAN DR
ISLAMORADA FL 33036

Mailing Address

161 VENETIAN DR
ISLAMORADA FL 33036

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/05/1994

5. FEI Number

65-0522895

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	PREAST, JOHN J	161 VENETIAN DR	ISLAMORADA FL 33036
DP	PREAST, REBECCA A	161 VENETIAN DR	ISLAMORADA FL 33036

8. Name and Address of Current Registered Agent

~~PREAST, JOHN J~~
161 VENETIAN DR
ISLAMORADA FL 33036

9. Name and Address of New Registered Agent

Name
Rebecca A Preast
Street Address (P.O. Box Number is Not Acceptable)
161 Venetian Dr
Suite, Apt. #, Etc.
City
Islamorada
State
FL
Zip Code
33036

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent *[Signature]* REGISTERED AGENT MUST SIGN Date 11-6-02

11. 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)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 11-6-02 Daytime Phone #

KEYS ACCOUNTING & TAX SERVICE, INC.

P. O. Box 371578
99411 Overseas Highway
Key Largo, Florida 33037
(305) 451-3464 (305) 451-3948(Fax)

ENROLLED TO PRACTICE BEFORE THE INTERNAL REVENUE SERVICE

Richard Overfield, E.A.
Sandra Subic, E.A.
Susan Stein, E.A.

ADMINISTRATION

Jackie Gargan
Debra Overfield
Louise Kendall

ACCOUNTANTS

Dayamis Camuccio
Maria Dawes
Candace Wokral
Keira Herlth

November 5, 2002

Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

RE: Paradise U.S.A. Inc.
Document Number :P94000073006

To whom it may concern:

This letter is to request reinstatement of the above corporation and the abatement of all penalties due to the following extenuating circumstances that occurred during 2002.

During the month of January, 2002, Mr. John J. Preast was hospitalized with severe heart problems and organ failure. Mr Preast was on Dialysis waiting for a transplant and passed away on 10/19/2002.

Mr. Preast was solely responsible for all administrative duties, since his death Mrs. Rebecca Preast have taken over the administrative duties.

Please abate all the penalties, delete Mr.Preast's name and reincorporate Paradise U.S.A. Inc. If you need additional information, please contact our office at 305-451-3464.

Sincerely,



Richard L. Overfield
Enrolled Agent