

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 MAY 12 AM 11:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000011204

1. Corporation Name

Paradise of Hialeah, INC.

2. Principal Office Address

592 East 45th St.

Suite, Apt. #, etc.

City & State

Hialeah FL

Zip

33013

Country

3. Mailing Office Address

592 East 45th St.

Suite, Apt. #, etc.

City & State

Hialeah FL

Zip

33013

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0644376

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

Sara Morejon

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

592 East 45th St.

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33013

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

*Sara Morejon*  
REGISTERED AGENT MUST SIGN

Date

04/25/03

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.S.T.	Sara Morejon	592 East 45th St.	Hialeah, FL 33013

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 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:

*Sara Morejon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04/25/03

Daytime Phone #

CR2E081 (10/02)