

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 20 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000049987

1. Corporation Name

Rose Garden Paradise, Inc.

2. Principal Office Address

5503 S.W. 6th Avenue

Suite, Apt. #, etc.

City & State

Cape Coral, Florida

Zip

33914

Country

3. Mailing Office Address

1318 Lafayette St.

Suite, Apt. #, etc.

City & State

Cape Coral, Florida

Zip

33904

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

06/10/1996

5. FEI Number

65-0792009

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

Hill, Thomas W.

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

1318 Lafayette St.

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33904

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

Thomas W. Hill

REGISTERED AGENT MUST SIGN

Date 03/18/2003

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	Ortegel, Joern-Christof	Am Hauenboden 1	63768 Hoesbach / Germany
D	De La Fregonniere-Ortegel, Francoise	Am Hauenboden 1	63768 Hoesbach / Germany
D	Hill, Thomas W.	1318 Lafayette St.	Cape Coral, Fl. 33904

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:

Thomas W. Hill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/18/2003 239-549-2444

Date

Daytime Phone #

CR2E081 (10/02)

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Florida Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

March 11, 2003

Re: P 96000049987 / Rose Garden Paradise, Inc.
FEI Number 65-0792009

Dear Sir/Madam:

The owners/shareholders realized by coincidence when they tried to refinance the loan for the company, that the company was administrative dissolved.

After checking through the file, we found out, that with the Annual Report for 1999 a mailing address change was requested and different other things, too. However, we saw now, that everything else was changed as requested but the mailing address.

This is the reason why the client nor us here got the forms since this time.

We ask you now kindly to reinstate this company by paying for each year the regular fee of \$ 150.00 (for 2000, 2001, 2002 and 2003) and don't ask for the reinstatement charges.

Attached you will find a copy of the last report done for 1999 with all the required changes.

We thank you in advance for your help and waiting to hear from you.

Sincerely,

Monika Eittenberger
Cape Coral Office