

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

98 SEP 15 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT.# **P96000065937**

1. Corporation Name
PARADISE Activity & Nutrition Center, Inc.

Principal Place of Business
**1590 - 1592 NE 8th ST
Homestead, FL 33030**

Mailing Address

REINSTATEMENT 97-98

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		4. Date Incorporated or Qualified To Do Business in Florida 8-7-96	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0749208	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	CARLOS MENDOZA	9920 SW 108 ST	MIAMI FL 33176

800002640638-1
-09/16/98-01034-005
*****908.75***908.75**
9-15-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Felix J. MARTIN
255 Alhambra Circle #380
Coral Gables, FL 33134

Name
Frank C. Mendoza
Street Address (P.O. Box Number is Not Acceptable)
9920 SW 108 ST
Suite, Apt. #, Etc.
MIAMI FL
City
FL Zip Code
33176

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
9/14/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/14/98

Date

305-245-8100
305-279-6414
Daytime Phone #

CR25040 (1-98)