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

97 DEC -1 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000100771**

1. Corporation Name
PARADISE HOLIDAY TOURS, INC.

Principal Place of Business	Mailing Address
1850 ELLER DR FT LAUDERDALE FL 33316	1850 ELLER DR FT LAUDERDALE FL 33316

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
1850 Eller DR	P.O. Box 359003
Suite, Apt. #, etc. #402	Suite, Apt. #, etc.
City & State Ft. Lauderdale, FL	City & State Ft. Lauderdale, FL
Zip 33316 Country	Zip 33335-9003 Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/12/1996

5. FEI Number: 65-0725041 ☐ 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)

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	ORDONEZ, RAFAEL A	1775 NW 70 AVE	MIAMI FL 33126
D	CARRERAS, RAY	1775 NW 70 AVE	MIAMI FL 33126
D	SALZEDO, MARTIN	1850 ELLER DR	FT LAUDERDALE FL 33316

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-12/04/97--01116-005
****750.00 ****750.00

REINSTATEMENT 1997

Q. Allen
12/1/97

8. Name and Address of Current Registered Agent

TRAUM, SYDNEY S
201 ALHAMBRA CIRCLE
SUITE 1200
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name: Rafael A. Ordonez
Street Address (P.O. Box Number is Not Acceptable): 1775 NW 70 Ave
Suite, Apt. #, Etc.:
City: Miami State: FL Zip Code: 33126

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 _____ Date _____

REGISTERED AGENT MUST SIGN

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 Date Daytime Phone #

CR2E040 (8/97)