

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**CORPORATION**  
**REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Kathleen Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**200012**

FILED

00 DEC -1 AM 11:31

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P97000009676

1. Corporation Name

PARADISE VIEW ESTATES, INC.

2. Principal Office Address

10639 US Highway 301

3. Mailing Office Address

So. P.O. Box 925

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hampton, FL

City & State

Starke, FL 3

Zip

32044

Country

USA

Zip

32091-0925

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

01/27/99

5. FEI Number

59-3510690

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

WILLIAM GLENN JOHNS

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

10639 US Highway 301 South

Suite, Apt. #, Etc.

City

Hampton

State

FL

Zip Code

32044

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

REGISTERED AGENT MUST SIGN

Date 11/30/2000

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
PD	WILLIAM GLENN JOHNS	P.O. Box 925	Starke, FL 32091-0925

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/30/2000

Date

KE

Daytime Phone #

(852) 468-2585

William K. Gordon

Attorney at Law

303 State Road 26 Melrose, Florida 32666

Phone (352) 475-1357 / Fax (352) 475-5968

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P97000009676

November 30, 2000

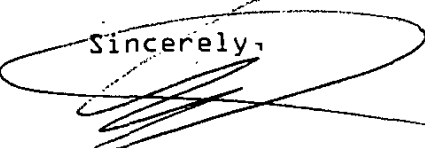
Division of Corporations  
Secretary of State of Florida  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Reinstatement of Paradise View Estates, Inc.

Dear Clerk:

Enclosed please find an original executed Corporatin Reinstatement form on the above referenced matter along with my trust account check in the amount of \$150.00 for your fees. My client did not receive the renewal forms on said corporation as shown by the address where the document was mailed. This address is not, nor has it ever been the address of my client therefore his renewal was not promptly made. If this cannot be corrected for these fees, please contact my office in order to resolve this matter as soon as possible. Thank you.

Sincerely,

  
WILLIAM K. GORDON  
Attorney at Law  
rvhicc file