


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

CORPORATION

 **FLORIDA DEPARTMENT OF STATE**
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 OCT 29 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000013769**

1. Corporation Name

JUST PARADISE INC.

2. Principal Office Address

1717 N. BAYSHORE DR.

Suite, Apt. #, etc.

SUITE # 3550

City & State

MIAMI FL

Zip

33132

Country

U.S.A

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SAME

City & State

SAME

Zip

SAME

Country

SAME

2000-2001 UBR

4. Date Incorporated or Qualified To Do Business in Florida

02-12-1997

5. FEI Number

65-0756562

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

MOJGAN SANANI

300004694183

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

1717 N. BAYSHORE DR.

Suite, Apt. #, Etc.

SUITE # 3550

City

MIAMI

State

FL

Zip Code

33132

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

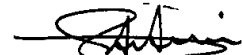
Date **10-24-2001**

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	MOJGAN SANANI	1717 N. BAYSHORE DRIVE SUITE # 3550	MIAMI - FL - 33132
V	MARJAN SANANI	1717 N. BAYSHORE DRV. SUITE # 3550	MIAMI - FL - 33132

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:



MOJGAN SANANI

10-24-2001

(305) 374 5266

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (9/00)

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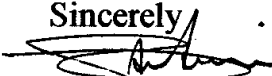
**JUST PARADISE INC
1717 N.BAYSHORE DRIVE
SUITE#3550,MIAMI,FL,33132**

Date,Miami,10-24-2001

To whom it may concern!

I am informing you than I did not receive the annual report for the Year 2000. I am requesting waiver of the penalty for paying late.

Sincerely,



Mojgan Sanani
President

TEL&FAX:305-374-52-66

EMAIL:MOMASA3@HOTMAIL.COM