

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 30 PM 3:29

DOCUMENT # **P97000021439**

1. Corporation Name

Paradise Homes & Dev. Corp.

500003493045--8

-12/11/00--01025--024

******750.00 ****750.00**

2. Principal Office Address

700 Ohio Ave.

Suite, Apt. #, etc.

City & State

Lynn Haven FL

Zip
32444

Country
USA

3. Mailing Office Address

700 Ohio Ave.

Suite, Apt. #, etc.

City & State

Lynn Haven FL

Zip
32444

Country
USA

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

3/11/97

5. FEI Number

59-3730765

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

GUY D. GARRETT SR.

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

3035 E. 12th St.

Suite, Apt. #, Etc.

City

LYNN HAVEN

State

FL

Zip Code

32444

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

Guy D. Garrett Sr.

Date **11/29/00**

REGISTERED AGENT MUST SIGN

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
PSTD	Guy D. Garrett II	4100 Dunford Circle	Chipley FL 32428

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:

Guy D. Garrett II
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **11/29/00**

Daytime Phone # **850-271-4165**