PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED 00 FEB 18 AH 11: 04 CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # in laradise, Inc. 2. Principal Office Address 3. Mailing Office Address Suite, Apt. #, etc. 4. Date Incorporated or Qualified To Do Business in Florida City & State 5. FEI Number Applied For Not Applicable Country \$8:75 Additional Fee required for a Certificate of Status 7. Name and Address of Current Registered Agent enice NOMMUR Street Address (P.O. Box Number is Not Acceptable) 70000314627 ſ<u>ſŹ</u>/Ź4/00--01058 ****300.00 ****30**0**.00 City State FI 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 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director Name of Titles City / State / Zip Officers and/or Directors 68 Provencal Rd. Denice 1. Summers, 48238 POINTE FALMS, MI 48038 Dalm Beach Gander 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 filling 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



A PERFECT DAY IN PARADISE

February 15, 2000

FL SECRETARY OF STATE ATTN: DIVISION OF CORPORATIONS 409 EAST GAINES ST. TALLAHASSEE, FL 32399

DEAR SIRS:

PLEASE FIND THE ENCLOSED CHECK FOR CORPORATE REIMSTATEMENT, AS WELL AS THE APPLICATION FOR CORPORATE REINSTATEMENT. I WAS INFORMED BY YOUR OFFICE TO SEND THIS LETTER TO EXPLAIN THE REASON WHY WE FAILED TO SEND OUR ANNUAL REPORT TO YOU AT THE END OF 1999.

THE ADDRESS WAS INCORRECT IN YOUR RECORDS. THERE IS NO HOT SPRINGS, FL. WE HAVE AN AFFILIATED OFFICE IN HOT SPRINGS, VA, AND OUR CORPORATE OFFICE IN PALM BEACH GARDENS, FL. APPARENTLY NO ONE CAUGHT THE MISTAKE ON OUR 1998 ANNUAL REPORT.

WE HEREBY ARE ENCLOSING A NEW ANNUAL REPORT, WITH A \$300 REINSTATEMENT PAYMENT, PER YOUR INSTRUCTIONS. PLEASE GRANT US THE WAIVER OF THE REMAINDER IN FEES. IF MORE FUNDS ARE REQUIRED, PLEASE CONTACT US IMMEDIATELY AT THE BELOW ADDRESS, PHONE AND FAX NUMBERS.

WE THANK YOU FOR YOUR PROMPT ASSISTANCE IN RESOLVING THIS MATTER.

SINCERELY,

DANETTE SIMMONS OFFICE MANAGER

A PERFECT DAY IN PARADISE, INC.