

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

02 FEB 20 PM 4:00

DOCUMENT # P97000052716

1. Corporation Name

A Perfect Day in Paradise, Inc.

2. Principal Office Address

3932 RCA Blvd.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #3211

City & State

Palm Beach Gardens, FL

City & State

Zip

33410

Country

USA

Zip

Country

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

6/13/97

5. FEI Number

58-2347833

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

Lawrence W. Smith, Esq. c/o GARY, DYTRYCH & RYAN, P.A.

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

701 U.S. Highway One, Suite 402

Suite, Apt. #, Etc.

City

North Palm Beach

State

FL

Zip Code

33408

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

2/14/02

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
D/P/S/T	Summers, Denise T.	188 Provencal Road Grosse Pointe Farms	Grosse Pointe Farms, MI 48218
D	Summers, Paul Greydon	149 Oakwood Lane	Palm Beach Gardens, FL 33410
D	Summers, Matthew Carrey	411 Elizabeth Street	E. Lansing, MI 48823
D	Summers, Denise Tracy	188 Provencal Road	Grosse Pointe Farms, MI 48218

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)(f), 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:

Denise T. Summers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

02/15/02

Daytime Phone #

313-8824249

CR2E081 (9/01)