		A 74				
PLEAS	E READ ALI	L'INSTRU	CTIONS B	EFORE CO	DMPLETING	THIS FORM.
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APPLICATION FOR (REINSTATEMENT



FILED SECRETARY OF STATE OF STATIONS

00 DEC -4 AM 10: 30

DOCUMENT # P97000076026

1. Corporation Name

PARADISE SCOOTER REPAIRS INC

Principal Place of Business

Mailing Address

1320 JOHNSON STREET KEY WEST FL 33040 1320 JOHNSON STREET KEY WEST FL 33040

2. New Prin	ddresses are incorrect in any way, line throncipal Office Address, If Applicable	3. New Mailing Office Address, If	ng Office Address, If Applicable GRINNELLST		Date Incorporated or Qualified To Do Business in Florida 08/28/1997			
Suite, Apt.	1. 6	Stille, Apt. #, efc.		5. FEI Number	65-0779891		olied For Applicable	
Kuy 330	40 HONLOE	Zip 230 41) Count	DURDE	6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional for a Certificate		
7. Names a	and Street Addresses of Each Officer and/	or Director (Florida nonprofit corpor	ations must list at lea	st 3 directors)				
Title(s)	Name of Officers and/or Directors 2	St	Street Address of Each Officer and/or Director			City / State / Zip		
D	MCCULLOUGH, J D	728 WEATHERG	728 WEATHERGREEN DRIVE			RALEIGH NC 27615		
D	MCCULLOUGH, DEBORAH M	728 WEATHERG	728 WEATHERGREEN DRIVE			RALEIGH NC 27615		
				6(300035c -12/13/00 ****150.0		8 106 50.00	
· · · · · ·	8. Name and Address of Current	Powintered Agent		9 Name and A	Address of New Registe	red Agent		
	8. Name and Address of Current	Kedisteled Adelit	Name	3. Name and A	tudiess of New Togiste			
1320 、	DWAY, L H JOHNSON STREET VEST FL 33040	· • • •		P.O. Box Number		State Zip Code		
			Krub	VesT	1.1	FL 3304	<u>v </u>	
10. I, being	g appointed the registered agent of the abo			bligations of Sect	ion 607.0505, F.S.			
Signature of Registered	Agent	TURE REQUESTIBLE SIGN	UIRED		Date		AD_	
11. I certify	that I am an officer or director or the recei		e this application as p	provided for in cha	apter 607 or 617, F.S. I fu	irther certify that w	then filling	

11. 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 of 617, F.S. I further certify that when hing 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 REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/00

Daytime Phone #

Patience Accounting and Tax Service, Inc.

P97> 16026

Phone (305) 745-1841

P.O. Box 503 Summerland Key, FL 33042

Marilyn Sommerhoff Enrolled to Practice Before The Internal Revenue Service

> CERTIFIED MAIL # 7099 3400 0004 6342 7864

NOVEMBER 27, 2000

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORTATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314-6327

REGARDING:

PARADISE RENTALS II, INC PARADISE SCOOTER REPAIRS INC

YEAR 2000 ANNUAL REPORT

DEARS SIR/MADAM

THE ABOVE NAMED COMPANIES DID NOT RECEIVE THEIR ANNUAL REPORTS UNTIL THIS LAST ONE, DUE TO THE FACT THAT THEY HAD MOVED AND THE OLD LANDLORD KEPT THE REPORTS. FINALLY SHE BROUGHT OVER THE ONE REPORT TO THE NEW ADDRESS AND STILL THEY DID NOT RECEIVE THE PARADISE RENTALS II, INC REPORT.

PLEASE REINSTATE THESE TWO CORPORATIONS AT THE ANNUAL FEE AMOUNT INSTEAD OF THE TOTAL NOW DUE WITH PENALTIES.

THANK YOU FOR YOUR COOPERATION IN THIS MATTER

SINCERELY

MARILYN SOMMERHOFF

MS/tg