

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 19 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000007410

1. Corporation Name

PARADISE AVIATION, INC

2. Principal Office Address

9850 OVERSEAS HWY

Suite, Apt. #, etc.

City & State

MALATHON FL

Zip

33050

Country

MONROE

3. Mailing Office Address

~~8900 OVERSEAS HWY~~
114 CALLE ENSUENO

Suite, Apt. #, etc.

City & State

MALATHON FL

Zip

33050

Country

MONROE

400024854114
11/19/03--01040--006 **750.00

REINSTATEMENT 03

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

JAN 1998

5. FEI Number

52-073498

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

STEVE HOLMSTROM

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

9900 OVERSEAS HWY

Suite, Apt. #, Etc.

City

MALATHON

State

FL

Zip Code

33050

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

Steve Holmstrom

REGISTERED AGENT MUST SIGN

Date 11-17-03

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
PRES	UTE STEIGERWALD	9900 OVERSEAS HWY	MALATHON, FL. 33050

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:

Ute Steigerwald
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-17-03

Date

305-289-0007

Daytime Phone #

CR2ED81 (10/02)