

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 99 NOV -1 PM 4:05
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P98000022422

1. Corporation Name

PARADISE COMPONENTS, INC.

Principal Place of Business

P.O. BOX 1425
 NOKOMIS FL 34274

Mailing Address

P.O. BOX 1425
 NOKOMIS FL 34274



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/08/1998	
City & State		City & State		5. FEI Number	
Zip		Country		65-0712896	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	PORFIRIO, TYLER A	850 HIGHLAND CIRCLE	NOKOMIS FL 34275
D	PORFIRIO, JANICE A	850 HIGHLAND CIRCLE	NOKOMIS FL 34275

REINSTATEMENT 99 TS
 600003038996--3
 -11/09/99--01012--014
 ***750.00 ***750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
PORFIRIO, TYLER A 850 HIGHLAND CIRCLE NOKOMIS FL 34275		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	
		State	Zip Code
		FL	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of Registered Agent: Tyler A. Porfirio Date: 10/29/99
 REGISTERED AGENT MUST SIGN

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 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: Tyler A. Porfirio TYLER A. PORFIRIO Date: 10/29/99 Daytime Phone #: 941/488-8971
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR