

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

**FILED**

00 OCT 23 AM 9:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000022422**

1. Corporation Name

**PARADISE COMPONENTS, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 1425  
NOKOMIS FL 34274

P.O. BOX 1425  
NOKOMIS FL 34274



**REINSTATEMENT 2500**

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

03/09/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0712896

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED

\$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
			600003455476--0 -11/07/00--01087--005 ****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  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Tyler A Porfirio*  
REGISTERED AGENT MUST SIGN

Date

10/20/00

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/20/00

Daytime Phone #

(941) LS  
915-5950

CR2E040 (8/00)