

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 MAR 19 AM 9:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P980000 38789

1. Corporation Name

PARADISE Holdings OF Port Richey, INC.

2. Principal Office Address

6520 Ridge Rd

Suite, Apt. #, etc.

City & State

Port Richey FL

Zip

34668

Country

PASCO

3. Mailing Office Address

6520 Ridge Rd

Suite, Apt. #, etc.

City & State

Port Richey FL

Zip

34668

Country

PASCO

**REINSTATEMENT** 07-04

4. Date Incorporated or Qualified  
To Do Business in Florida

4-29-98

5. FEI Number

59-3566782

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

Larry C. Schalles CPA

000030965000

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

5320 main ST

03/24/04 01003 016 \*\*906.00

Suite, Apt. #, Etc.

City

NEW Port Richey

State

FL

Zip Code

34652

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

Larry C. Schalles

Date 2-24-04

REGISTERED AGENT MUST SIGN

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
<u>P</u>	<u>Alex Kolokithas</u>	<u>6520 Ridge Rd</u>	<u>Port Richey FL 34668</u>
<u>S</u>	<u>KONSTANTINOS Boulis</u>	<u>135 E. Lemon ST</u>	<u>TARPON SPRINGS, FL 34689</u>

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:

Alex Kolokithas  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-04

Date

Daytime Phone #

CR2E081 (01/04)