

**APPLICATION FOR REINSTATEMENT**



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

00 DEC 27 PM 1:06

**DOCUMENT # P98000106803**

1. Corporation Name  
**PARADISE MARINAS, INC.**

Principal Place of Business THUNDERBOAT MARINA 2050 GRIFFIN ROAD DANIA FL	Mailing Address THUNDERBOAT MARINA 2050 GRIFFIN ROAD DANIA FL
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**REINSTATEMENT** *00*

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 12/22/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0953025	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	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)**

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	PLYLE, RONALD A	2051 GRIFFIN ROAD	DANIA BCH. FL 33312
			000003523900--3 -01/04/01--01102--001 ***750.00 ***750.00
			<i>12/26</i>

**8. Name and Address of Current Registered Agent**

**9. Name and Address of New Registered Agent**

STEPHEN J. ALLOCCO, P.A.  
 1975 E. SUNRISE BLVD., 5TH FLOOR  
 FT. LAUDERDALE FL 33304

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 *Stephen J. Allocco* Date *12/20/2000*  
 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: *Ronald A. Pyle* *Ronald A. Pyle* 10-2-00 957-963-2660  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/00)