

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR  
REINSTATEMENT



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

FILED

01 JAN 10 AM 10:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000108298

1. Corporation Name

PARADISE VAN LINES COMPANY

Principal Place of Business

4361 WHITE PINE AVENUE  
ORLANDO FL 32811

Mailing Address

4361 WHITE PINE AVENUE  
ORLANDO FL 32811



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

2. New Principal Office Address, If Applicable

4167 White Pine Ave

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

4167 White Pine Ave

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

01/01/1999

5. FEI Number

59-3550387

Applied For

Not Applicable

City & State

Orlando Florida

City & State

Orlando Florida

Zip

32811

Country

U.S.A

Zip

32811

Country

U.S.A

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
PSTD	MARTINEZ, ROBERTO	4361 WHITE PINE AVENUE	ORLANDO FL 32811

400003581464 5  
-01/26/01--01075--008  
\*\*\*150.00 \*\*\*150.00

8. Name and Address of Current Registered Agent

SPiegel & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

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

*RMartinez*

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-29-2000

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:

*RMartinez* AT Roberto Martinez  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-29-2000

Date

407-297-9404

Daytime Phone #

CR2E040 (8/00)

January 6 - 2001

From: Paradise Van Lines

To: Florida Department of State

I just received a letter of dissolution/revocation for Paradise Van Lines but we haven't received any prior letter indicating that we have to make any payment, here I am sending you 150.00 annual payment.

Sincerely,

Roberto Martínez