

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

05 APR 18 AM 8:56

FILED  
STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P99000050845**

**1. Corporation Name**

BORINQUEN PARADISE, INC.

**2. Principal Office Address**

34514 Williams Cemetary Road

Suite, Apt. #, etc.

City & State

Dade City, FL

Zip

33525

Country

USA

**3. Mailing Office Address**

34514 Williams Cemetary Road

Suite, Apt. #, etc.

City & State

Dade City, FL

Zip

33525

Country

USA

**REINSTATEMENT**

00-05

**4. Date Incorporated or Qualified  
To Do Business in Florida**

6-1-99

**5. FEI Number**

593630521

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

Leonard H. Johnson, Esq.

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

37837 Meridian Avenue

Suite, Apt. #, Etc.

Suite 314

City

Dade City

State  
**FL**

Zip Code  
33525

**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

*Leonard H. Johnson*  
REGISTERED AGENT MUST SIGN

Date

4/12/05

**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
D	Edwin Colon	34514 Williams Cemetary Road	Dade City, FL 33525
D	Delia Colon	34514 Williams Cemetary Road	Dade City, FL 33525

500053937515  
05/06/05--01009--014 \*\*1500.00

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edwin Colon

Date

4/14/05

Daytime Phone #

(813) 404-0182

CR2E081 (01/05)

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