

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 APR 16 PM 4:20

DOCUMENT # **P 99000068492**

1. Corporation Name

F.A. PARADISE INC.

2. Principal Office Address

451 E. ALIAMONTE DR.

Suite, Apt. #, etc.

FS 10

City & State

ALIAMONTE SPRING FL

Zip

32701

Country

USA

3. Mailing Office Address

14229 ELYSIALE KEY PL.

Suite, Apt. #, etc.

City & State

ORLANDO FL

Zip

32824

Country

USA

REINSTATEMENT

00-01

4. Date Incorporated or Qualified
To Do Business in Florida

8-2-99

5. FEI Number

59-3595182

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

HASSAN A. YOUSSEF

500004035195--4

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

14229 ELYSIALE KEY PL.

04/20/01--01057--012

******900.00 ****900.00**

Suite, Apt. #, Etc.

City

ORLANDO FL

State
FL

Zip Code

32824

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

REGISTERED AGENT MUST SIGN

Date **3-27-01**

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
P	HASSAN A. YOUSSEF	14229 ELYSIALE KEY PL.	ORLANDO FL 32824
S	MOHAMMAD A. YOUSSEF	1308 LAMBLICHIE	ORLANDO FL 32761

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

3-27-01

Date

Daytime Phone #

CR2E081 (9/00)