FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 08 OCT 09 PM 4:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000002530

1. Corporation Name
PARAGON COMPUTER PROFESSIONAL, INC.

REINSTATEMENT 06-08
CR2E081 (10/06)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
11 Commerce Dr	11 Commerce Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CRANFORD NJ 07016	City & State: CRANFORD NJ 07016
Zip: 07016 Country: USA	Zip: 07016 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 04/30/1998

5. FEI Number: 22-2380765 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.75 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: C.T. CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City: PLANTATION State: FL Zip Code: 33324

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: JoAnne McCarthy Date: 10/9/08
REGISTERED AGENT MUST SIGN
JoAnne McCarthy Vice President

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Daniel J O'Connor	11 Commerce Dr	CRANFORD NJ 07016
VP	Michael Alicastro	11 Commerce Dr	CRANFORD NJ 07016
VP	Stephen Peterson	11 Commerce Dr	Cranford NJ 07016
		10/14	

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 contained in Chapter 119, 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] 10-9-08 908 7096767
SIGNATURE AND TYPED OR PRINTED NAME OF MORING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

Please
date 10/9/08

CORPORATION REINSTATEMENT

PARAGON COMPUTER PROFESSIONALS, INC.

Certificate of Status	0
Certified Copy	0
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