

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR **90**
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **599955**

1. Corporation Name

PARAMONT HOLDING CORP.

Principal Place of Business

Mailing Address

5722 South Flamingo Road, Suite 302
Cooper City, Florida 33330

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/19/79

5. FEI Number 59-1887940

Applied For

Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres	Fox, Diane Harris	10801 S.W. 57th Place	Ft. Lauderdale, FL 33328
Sec.	Harris, Lisa	881 S.W. 23rd Street	Miramar, FL

REINSTATEMENT

8. Name and Address of Current Registered Agent

Diane Harris Fox
10801 S.W. 57th Place
Ft. Lauderdale, Florida 33328

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, do hereby with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Diane Harris Fox
REGISTERED AGENT MUST SIGN

Date 12-21-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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)(l), 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:

Diane Harris Fox
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-21-98

Date

Daytime Phone #

9544343294

CR2040 (1/89)

LAW OFFICES
KWITNEY, KROOP & SCHEINBERG, P.A.
SUITE 512
420 LINCOLN ROAD MALL
MIAMI BEACH, FLORIDA 33139

RICHARD I. KROOP
BRUCE J. SCHEINBERG

PAUL KWITNEY - OF COUNSEL

AREA CODE 305
538-7575

TELECOPIER
AREA CODE 305
538-4676

January 5, 1999

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Paramount Holding Corp.

Dear Sir or Madam:

Enclosed herein please find the Application for Reinstatement form together with a check in the amount of \$758.75 which represents the \$750.00 reinstatement fee plus \$8.75 for a certificate of status.

Kindly provide me with the Certificate of Status.

Sincerely,

KWITNEY, KROOP & SCHEINBERG, P.A.

By 

Bruce J. Scheinberg

BJS:ss

Enclosure