

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # **652258**

1. Corporation Name

PARAMOUNT BUILDERS, INC

Principal Place of Business

6175 NW 167TH STREET, UNIT G-30
MIAMI FL 33015

Mailing Address

11846 SW 93RD TERRACE
MIAMI FL 33186
US

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

2. New Principal Office Address, If Applicable
11846 SW 93rd Terrace

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

Zip
33186

Country
U.S.A.

City & State

Zip

Country

REINSTATEMENT **00**

4. Date Incorporated or Qualified
To Do Business in Florida

01/15/1980

5. FEI Number

59-1970040

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	ROBELO, ARNOLDO M	11846 SW 93RD TERRACE	MIAMI FL 33186
STD	ROBELO, AGNES	11846 SW 93RD TERRACE	MIAMI FL 33186

400003469624--1
-11/20/00--01016--025
****758.75 ****758.75

Handwritten signature/initials

8. Name and Address of Current Registered Agent

ROBELO, ARNOLDO M
11846 SW 93RD TERRACE
MIAMI FL 33186

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

REGISTERED AGENT MUST SIGN

Date

October 31st, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARNOLDO M. ROBELO

Date

October 31st 2000 - (305) 279-8784

Daytime Phone #

CR2E040 (8/00)