

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1062



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

FILED

02 JUN 14 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2001-2002
CORPORATION
REINSTATEMENT
UBR

DOCUMENT # F00000002808

1. Corporation Name
PARAMOUNT Investment Capital Company
113 HUYLER LANDING Rd.
CRESSKILL, N.J. 07626

2. Principal Office Address
113 HUYLER LANDING Rd.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CRESSKILL, N.J. 07626

Zip

Country

Zip

Country

07626

4. Date Incorporated or Qualified
To Do Business in Florida

9/4/98

5. FEI Number

65-0494843

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

NEIL K. BRAVERMAN

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

4156 BRYNWOOD DR.

Suite, Apt. #, Etc.

City

NAPLES

State
FL

Zip Code

34119

300005865343-4
-06/19/02--01069--002
****300.00 ****300.00

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

Neil K. Braverman

Date

6/10/02

REGISTERED AGENT MUST SIGN

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

PD Steven BRAVERMAN 113 HUYLER LANDING Rd. CRESSKILL, N.J. 07626

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

Steven Braverman

6/10/02

Date

Daytime Phone #

201
541-9460

CR2E081 (9/01)

6/10/02

292

FILED

02 JUN 11 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ENCLOSED my check FOR \$300 to reinstate
PARAMOUNT Investment CAPITAL Company. I spoke to
YOUR OFFICE, they SAID if we never received the forms
we would not have to pay the penalty.
Please change the address so next year we will
not have a problem.

The address change is:

113 HUYLER LANDING Rd
CRESSKILL, N.J. 07626

Thanking you for your help.

Very truly yours,

Paul K. Braverman