

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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



DOCUMENT # F94000000447

1. Corporation Name

PARAGON TECHNOLOGIES, INC. OF PENNSYLVANIA

Principal Place of Business

Mailing Address

600 KUEBLER RD.
EASTON PA 18040
US

P.O. BOX 70
EASTON PA 18044
US

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

01/28/1994

5. FEI Number

22-1643428

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
C	FAHEY, EDWARD J. Gates, Elmer D.	600 KUEBLER RD. 600 Kuebler Rd.	EASTON PA Easton PA
P	YURKOVIC, LEONARD S Johnson, William R.	600 KUEBLER RD. 600 Kuebler Rd.	EASTON PA Easton PA
S T	SEMANICK, RONALD J.	600 KUEBLER RD.	EASTON PA
V	THATCHER, JAMES L	600 KUEBLER RD.	EASTON PA
T S	MACK, BARRY V. Pfeffer, Kurt	600 KUEBLER RD. 600 Kuebler Rd.	EASTON PA Easton PA
V V	BUCK, KENNETH D Casey, William J.	600 KUEBLER RD 600 Kuebler Rd.	EASTON PA Easton PA

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

10. I, being appointed the registered agent of the above named corporation, hereby assume the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

WILLIAMS
Assistant Vice President
REGISTERED AGENT MUST SIGN

Date

10/26/00

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

10/18/2000

Date

610-252-7321

Daytime Phone #

CR2EC40 (8/00)