

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 NOV -7 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000000932

1. Corporation Name

PARAGON REHABILITATION, INC.

Principal Place of Business

3100 WEST END AVE
STE 400
NASHVILLE TN 37203-1331
US

Mailing Address

400 PERIMETER CENTER TERRACE
SUITE 650
ATLANTA GA 30346

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.

400 Perimeter Center Ter, Ste 650

Suite, Apt. #, etc.

City & State

Atlanta, GA

City & State

Zip

30346

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/24/1995

5. FEI Number

62-1396066

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
DCEO & Pres	EATON, STEPHEN J David R. Wilson	400 PERIMETER CENTER TERRACE STE 650	ATLANTA GA 30346
S	GUIROS, PAULA Reginald S. Gibson, Jr.	191 PEACHTREE STREET NE 400 Perimeter Center Terrace Ste 650	ATLANTA GA 30303 30346
AS	LISA A. BENNETT Delete	400 PERIMETER CENTER TERR., SUIT	ATLANTA GA 30346
AS	COSBY, TRACEY C	400 PERIMETER CENTER TERR., SUITE 650	ATLANTA GA 30346
EVPC Treas	MORRIS, JOHN Brian M. Grazzini	3100 W END AVE STE 400 400 Perimeter Center Terrace, Suite 650	NASHVILLE TN 37203 Atlanta, GA 30346
P	LEPLEY, LAWRENCE W JR.	3100 W END AVE STE 400	NASHVILLE TN 37203

8. Name and Address of Current Registered Agent

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

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. or 617.0505, F.S.

Signature of
Registered Agent

Shelley Savage
REGISTERED AGENT MUST SIGN

Shelley Savage
Vice President

Date

10/30/03

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)(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:

Shelley Savage
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/03/03 (770) 730-1103

CH2EM40 (7/03)



CENTENNIAL
HEALTHCARE

November 4, 2003

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

**RE: Application for Reinstatement
Paragon Rehabilitation, Inc.**

Dear Sir or Madam:

Enclosed please find a completed Application for Reinstatement for **Paragon Rehabilitation, Inc.** The enclosed Application for Reinstatement is the first correspondence received this year regarding this entity. Neither the original nor the second notice was received. Therefore, the reinstatement fees have not been enclosed as directed by the application instructions.

Enclosed is our check number 140324 in the amount of \$150.00 representing the Annual Report fee of \$61.25 and the Corporate Supplement fee of \$88.75. Please file the application upon receipt and send written confirmation to my attention at the address below stating that the corporation has been reinstated.

If you have any questions or need additional information please contact me at (770) 730-1110 or via email at kmassiah@centennialhc.com. Thank you for your assistance with this matter.

Sincerely,

Kenyetta Massiah
Regulatory Affairs Coordinator

Enclosures

cc: Tracey Cosby

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

1. Entity Name

Borinex Painting, Inc.



FILED

03 NOV -7 PH 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4243 Barwood Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Orlando, FL

4. FEI Number

43-1986683

Applied For

Not Applicable

Zip

Country

Zip

Country

32839

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Jan M. Perez

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

4243 Barwood Dr.

City

Orlando

FL

Zip Code

32839

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

*President
Jan M. Perez
4243 Barwood Dr.
Orlando, FL 32839*

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

*V
Jose Manuel Hernandez
4243 Barwood Dr
Orlando, FL 32839*

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

11-04-03

Date

321-229-9654

Daytime Phone #

CR2E034B (12/02)