

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAR 31 AM 8:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F95000001239

1. Corporation Name

PARAGON BIOMEDICAL, INC.

2. Principal Office Address

120 THEORY

Suite, Apt. #, etc.

100

City & State

IRVINE CA

Zip

92612

Country

USA

3. Mailing Office Address

120 THEORY

Suite, Apt. #, etc.

100

City & State

IRVINE CA

Zip

92612

Country

USA

**REINSTATEMENT** 00-09

4. Date Incorporated or Qualified  
To Do Business in Florida

3/15/95

5. FEI Number

33-0394968

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

PARACORP INCORPORATED

400031578294

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

236 EAST 6TH AVENUE

03/31/04--01074--004 \*\*758.79

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32303

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.

Denise Zollner, Asst.

Signature of  
Registered Agent

Denise Zollner

Asst. Secretary

Date 3/15/04

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
PLEASE	SEE	ATTACHED	LIST

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

CARDL O'BRIEN

Date

3/12/2004 (949) 224-3294

Daytime Phone #

CR2E081 (10/02)

**Officers and Directors of Paragon  
Biomedical, Inc. - 2004**

**Directors**

Reed, Nicholas  
120 Theory, Suite 100  
Irvine, CA 92612

Owner / CEO / President

100%

Reed, Gena  
120 Theory, Suite 100  
Irvine, CA 92612

Owner / Secretary / VP

**Officers**

O'Brien, Carol  
120 Theory, Suite 100  
Irvine, CA 92612

CFO / Treasurer

McMillan, Rebecca  
120 Theory, Suite 100  
Irvine, CA 92612

VP Clinical Operations

Green, Lisa  
120 Theory, Suite 100  
Irvine, CA 92612

VP Human Resources



*March 18, 2004*

*Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32399*

*Re: Paragon Biomedical, Inc. – Federal Identification Number 33-0394968*

*Dear Sir or Madam,*

*Please find enclosed, the Corporation Reinstatement Form, duly completed for the above named company.*

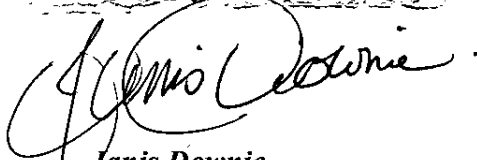
*We were informed by one of your representatives that your office held an incorrect address on file for Paragon Biomedical, Inc., and therefore, we did not receive notification of Annual Reports for the years 2000 through present.*

*Taking this fact into consideration, we request that the minimum amount due for the Reinstatement Fee applies in this instance i.e. \$750 plus \$8.75 for the Certificate of Status.*

*I have enclosed a check payable to you for \$758.75 and await confirmation of the reinstatement in due course.*

*If you require anything further, please do not hesitate to call me at (949) 224-3294.*

*Sincerely,*

  
*Janis Downie.  
Administrative Specialist.*