

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 OCT 24 PM 6:06



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

**CORPORATION
 REINSTATEMENT**

DOCUMENT # F98000064366

1. Corporation Name
 PARAGON GROUP (U.S.) INC.

2. Principal Office Address
 3433 TYRONE BLVD
 Suite, Apt. #, etc.

3. Mailing Office Address
 Suite, Apt. #, etc.

City & State
 ST. PETERSBURG FL
 Zip Country
 33710 USA

City & State
 Zip Country

4. Date Incorporated or Qualified
 To Do Business in Florida 7/30/1998

5. FEI Number 061525628
 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 01

7. Name and Address of Current Registered Agent

Name	MATTHEW J. VALCOURT ESQ	500004679245--8
Street Address (P.O. Box Number is Not Acceptable)	3437 TYRONE BLVD	-11/14/01--01086--001
Suite, Apt. #, Etc.		****35.00 ****35.00
City	ST. PETERSBURG	500004679245--8
State	FL	-11/14/01--01086--002
Zip Code	33710	****715.00 ****715.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.
 Signature of Registered Agent Matthew J. Valcourt Date 10/18/01
 REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	DAVID ROCKSTEIN	3433 TYRONE BLVD	ST. PETERSBURG, FL 33710
VP/D	GORDON CORMIE	3433 TYRONE BLVD	ST. PETERSBURG, FL 33710

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 807.0401 or 817.0401, 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: DAVID ROCKSTEIN Date 10/18/01 Daytime Phone # (727)341 0907
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2001 (9/00)