

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 24 PM 6:06

DOCUMENT # F98000064366

1. Corporation Name

PARAGON GROUP (U.S.) INC.

2. Principal Office Address

3433 TYRONE BLVD

Suite, Apt. #, etc.

City & State

ST. PETERSBURG FL

Zip

33710

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

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

7. Name and Address of Current Registered Agent

Name

MATTHEW J. VALCOURT ESQ

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

3437 TYRONE BLVD

Suite, Apt. #, Etc.

City

ST. PETERSBURG

State

FL

Zip Code

33710

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

REGISTERED AGENT MUST SIGN

Date

10/18/01

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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID ROCKSTEIN

Date

10/18/01 (727) 341 0907

Daytime Phone #