

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F99000001010**

1. Corporation Name

PARAGON HOLDINGS INC.

Principal Place of Business

1200 700 2ND STREET S.W.
CALGARY ALBERTA
CANADA T2P 4V5

Mailing Address

1200 700 2ND STREET S.W.
CALGARY ALBERTA
CANADA T2P 4V5

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/22/1999

5. FEI Number

59-3588095

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
PD	ROCKSTEIN, DAVID	121 176 AVENUE E.	REDINGTON SHORES FL 33708
D	GRUBER, DEAN	3433 TYRONE BLVD	ST PETERSBURG FL 33710

600008813206
11/05/02--01103--025 **750.00

8. Name and Address of Current Registered Agent

ROCKSTEIN, DAVID M
2501 ANVL ST. N.
ST. PETERSBURG FL 33710

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/01/02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/01/02 723-341-0547

FILED

02 NOV -5 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

02

CR2E040 (8/02)