

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **L52479**

1. Corporation Name

**PARADIGM LABORATORIES, INC.**

Principal Place of Business

Mailing Address

~~5012 ROOSEVELT STREET  
HOLLYWOOD FL 33021-4032~~

~~5012 ROOSEVELT STREET  
HOLLYWOOD FL 33021-4032~~

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

2. New Principal Office Address, If Applicable

254 Foggy Cut Lane  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

254 Foggy Cut Lane  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

02/23/1990

5. FEI Number

65-0179342

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

City & State

LANDRUM S.C.

City & State

LANDRUM SC

Zip

29356

Country

USA

Zip

29356

Country

USA

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	WHITE, ROBERT O.	254 Foggy Cut Ln Landrum, SC 29356-3137	HOLLYWOOD FL LANDRUM, SC 29356
VST	WHITE, JUDITH ANN	254 Foggy Cut Ln Landrum, SC 29356-3137	HOLLYWOOD FL LANDRUM, SC 29356
D	WHITE, JUDITH ANN	254 Foggy Cut Ln Landrum, SC 29356-3137	HOLLYWOOD FL LANDRUM, SC 29356
			000004782780--3 -01/17/02--01077--004 ****758.75 ****758.75
			000004782780--3 -01/17/02--01077--005 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

Robert O White  
5012 Roosevelt St  
Hollywood FL 33021

9. Name and Address of New Registered Agent

Name: Michelle White  
Street Address (P.O. Box Number is Not Acceptable)  
877 NE 18th Ct APT #5  
Suite, Apt. #, etc.  
APT #5  
City  
FT. LAUDERDALE State  
FL Zip Code  
33305

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.

Signature of  
Registered Agent

Michelle B. White

Date 12-28-01

REGISTERED AGENT MUST SIGN

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:

Robert O White Robert O White

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-28-01 (864) 895-3570