

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 MAY 22 AM 7:51

SECRETARY OF STATE

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-06/06/02--01054--016

****975.00 ****975.00

REINSTATEMENT

01-02

DOCUMENT # P00000014700

1. Corporation Name

Paramount Property Management, Inc.

2. Principal Office Address

1740 Silver Springs Blvd.

Suite, Apt. #, etc.

City & State

Ocala, FL

Zip

34471

Country

Marion

3. Mailing Office Address

P.O. Box 6259

Suite, Apt. #, etc.

City & State

Ocala, FL

Zip

34478-6259

Country

Marion

4. Date Incorporated or Qualified
To Do Business in Florida

2/10/002

5. FEI Number

None

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

Debra Strade

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

P.O. Box 6259

Suite, Apt. #, Etc.

1740 Silver Springs Blvd.

City

Ocala

State

FL

Zip Code

34478-6259

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.

Signature of
Registered Agent

Debra Strade
REGISTERED AGENT MUST SIGN

Date

5/20/02

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	Debra Strade	1740 Silver Springs Blvd.	Ocala, FL 34471

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.

Debra Strade, President

SIGNATURE:

Debra Strade
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 20, 2002

Date

Daytime Phone #