

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

01 DEC 31 PM 3:22

DOCUMENT # P00000035983

200  
UBR

1. Corporation Name

PARADIGM NETWORK CONSULTING SERVICES, INC.

Principal Place of Business

10074 NW 6TH STREET  
PEMBROKE PINES FL 33024

Mailing Address

10074 NW 6TH STREET  
PEMBROKE PINES FL 33024



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

2. New Principal Office Address, If Applicable

2639 N. Riverside Dr.

Suite, Apt. #, etc.

#1105

City & State

Pompano Beach, FL

Zip

33062

Country

USA

3. New Mailing Office Address, If Applicable

← SAME

Suite, Apt. #, etc.

City & State

FL

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/07/2000

5. FEI Number

EIN# 651021443

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
D	GONZALEZ, ADALINDA	10074 NW 6TH STREET 2639 N. Riverside Dr. #1105	PEMBROKE PINES FL 33024 Pompano Beach, FL 33062

8. Name and Address of Current Registered Agent

GONZALEZ, ADALINDA

10074 NW 6TH STREET

PEMBROKE PINES FL 33024

2639 N. Riverside Dr. #1105

Pompano Beach, FL 33062

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.

Signature of  
Registered Agent

Adalinda Gonzalez

REGISTERED AGENT MUST SIGN

Date

12/19/01

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:

Adalinda Gonzalez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/19/01

Date

954-941-1623

Daytime Phone #

CR2E040 (8/01)



2022  
PARADIGM NETWORK CONSULTING SERVICES, INC.  
2639 N. RIVERSIDE DRIVE #1105/POMPANO BEACH, FLORIDA 33062  
ADDY@PARADIGM-NETWORK.COM  
OFFICE: 954-941-1623 / FAX: 954-252-4083

December 19, 2001

Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

Ref: Paradigm Network Consulting Services, Inc.  
P00000035983  
EIN# 651021443

Greetings:

I recently moved and in mail after my move, I received the Certificate for Dissolution or Revocation. I didn't understand why, so I called and spoke to Ms. Michelle Milligan (at 850-245-6059). I did not receive any kind of notice prior to this. I am therefore proceeding as she has instructed:

1. A check for the amount of \$150.00 is attached
2. The Application for Reinstatement is attached
3. This letter of Explanation

Also, please note my new address: Hillsboro Light Towers  
2639 No. Riverside Drive #1105  
Pompano Beach, FL 33062

I am a consultant and have been in business under my corporation since April of 2000. I hold my Company very seriously, and I sincerely apologize for any inconvenience this may have caused.

Sincerely yours,

Adalinda Gonzalez  
President

Attachments: 2