

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
03 JUN -2 AM 11:23

DOCUMENT # P00000068261

1. Corporation Name

PARACOM International INC

2. Principal Office Address

9630 136th ST

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

SEMINOLE FL

City & State

Zip

Country

33776

USA

Zip

Country

800020320458

06/02/03--01085--019 \*\*450.00

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

39-3660469

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

MARGARET RICHARDSON

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

9630 - 136th ST

Suite, Apt. #, Etc.

City

SEMINOLE, FL

State

FL

Zip Code

33776

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

Margaret Richardson  
REGISTERED AGENT MUST SIGN

Date

5/22/03

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
PRES	MARGARET RICHARDSON	9630 136th ST N.	SEMINOLE, FL 33776

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.

SIGNATURE:

Margaret Richardson, MARGARET RICHARDSON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRES

5/22/03  
Date

(127)424-5252  
Daytime Phone #

CR2E081 (10/02)

May 22, 2003

Dear Mr. Jones,

Thank you so very much for your help and kindness to me on the phone today. As I stated on the phone we never received the forms in the mail.

My husband is a state retired person.

He is disabled and I have epilepsy and this is very stressful for us as we have tried to make it. We have paid all our taxes and tried to do all we

know that is the law.

Enclosed is the check for \$450 to get us reinstated. Again thank you for your help. You were so kind.

Sincerely,

Margaret Richardson

9630-136<sup>th</sup> St

Seminole, Fl. 33776

P.S.

We had to move a couple of times because of my husband's illness.