

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 10:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000045834**

1. Corporation Name

**PARAGON ENTERPRISES CORPORATION OF CENTRAL FLORIDA**

Principal Place of Business

Mailing Address

1113 JOHN ANDERSON DR  
ORMOND FL 32176

PO BOX 265642  
DAYTONA BEACH FL 32126



REINSTATEMENT

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

05/08/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

12-9408955

Applied For

☒ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MIRABLE, WAYNE R	PO BOX 265642	DAYTONA BEACH FL 32126

100023967851  
10/21/03--01052--013 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VAUGHAN, KATHRYN A  
110 E. GRANADA BLVD., STE. 104  
ORMOND BEACH FL 32176

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

*Wayne Mirable*  
REGISTERED AGENT MUST SIGN

Date

10.16.03

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:

*Wayne Mirable*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10.16.03

Daytime Phone #

386.398.0986

CR2E040 (7/03)

**DIVISION OF CORPORATIONS  
ANNUAL REPORT/REINSTATEMENT SECTION  
PO BOX 6327  
TALLAHASSEE, FL 32314-6327**

**10/16/2003**

**PARAGON ENTERPRISES CORP OF CENTRAL FLORIDA  
1113 JOHN ANDERSON DR  
ORMOND BEACH, FL 32176  
PRES- WAYNE MIRABILE**

**DEAR SIR**

**PLEASE NOTE THAT THE PRIOR UBR NOTICE WAS NOT  
RECEIVED.**

**THANK YOU FOR YOUR ATTENTION TO THIS MATTER,**

  
**WAYNE MIRABILE**