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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PD3000000407

1. Corporation Name

PARAGON INTERNATIONAL FINANCIAL GUARANTEE
CORPORATION

2. Principal Office Address

3790 MAIN HWY

Suite, Apt. #, etc.

Suite 101

City & State

COCONUT GROVE, FL

Zip

33133

Country

U.S.

3. Mailing Office Address

SAME AS PRINCIPAL

Suite, Apt. #, etc.

City & State

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/02/03

5. FEI Number

01-0761014

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

JOHNNY A. GASPARD PLLC - ATTORNEYS AT LAW

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

15025 NW 77th AVE

Suite, Apt. #, Etc.

Suite 116

City

MIAMI LAKES

State

FL

Zip Code

33014

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

REGISTERED AGENT MUST SIGN

Date 4-3-06

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	RICHARD L. KING	3790 MAIN HWY Suite 101	COCONUT GROVE, FL 33133

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 contained in Chapter 119, 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:

RICHARD L. KING - RICHARD L. KING

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/2006

Date

Daytime Phone #

B. Mitchell APR 14 2006

2082



Johnny A. Gaspard, P.L.L.C.

Attorneys-At-Law

15025 N.W. 77th Avenue, Suite #116, Miami Lakes, FL 33014

April 6, 2006

Florida Dept of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Reinstatement of Paragon International Financial Guarantee Corporation
Document# P03000000407

To Whom It May Concern:

Richard King, the owner and sole director of Paragon International Financial Guarantee Corporation never received the annual report form since he had moved from the corporate address for a period of time. He has recently moved back into that office location and is seeking a reinstatement of the corporation. As such we are asking that the \$650 reinstatement fee be waived and instead a fee in the amount of \$450.00, which is the total amount of the annual fee for the past three (3) years.

If you have any questions concerning this matter, please do not hesitate to contact our office.

Sincerely,

A handwritten signature in black ink, appearing to read "Johnny A. Gaspard", with a horizontal line extending to the right.

Johnny A. Gaspard, Esq.

JAG
Enclosures