

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 CORPORATIONS

08 FEB 26 PM 12:57

DOCUMENT # P04000032191

**1. Corporation Name**

Paramount Supply, Inc.

**2. Principal Office Address - No P.O. Box #**

710 S.W. 20th Street

Suite, Apt. #, etc.

Suite #5

City & State

Ocala, Florida

Zip

344 74

Country

USA

**3. Mailing Office Address**

P.O. Box 6420

Suite, Apt. #, etc.

City & State

Ocala, Florida

Zip

34478

Country

USA

700117827557  
02/12/08--01015--021 \*\*600.00

CR2E081 (1/07)

07-08

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

02/11/2004

**5. FEI Number**

200683397

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

Melissa H. Andrade

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

4 Southeast Broadway Street

Suite, Apt. #, Etc.

City

Ocala.

State

FL

Zip Code

34471

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

**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

Melissa H. Andrade

Date 2/9/08

REGISTERED AGENT MUST SIGN

**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	Debra A. Strade	127 Redwood Track Course	Ocala, FL 34472

700117827557  
03/06/08--01017--013 \*\*150.00

B 2/27/08

**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:

Melissa H. Andrade

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-08

Date

Daytime Phone #