

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

10 JUL 26 AM 9:39

DOCUMENT # P04000097776

1. Corporation Name

PARAGON AUTOMATED SYSTEMS, INC.

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

18459 Pines Blvd

3. Mailing Office Address

18459 Pines Blvd

Suite, Apt. #, etc.

Suite 129

Suite, Apt. #, etc.

Suite 129

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

Zip

33029

Country

USA

Zip

33029

Country

USA

CR2E081 (6/10)

4. Date Incorporated or Qualified

To Do Business in Florida **06/28/2004**

5. FEI Number

34-2002220

☐ 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

Anthony P. Russo

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

18459 Pines Blvd

Suite, Apt. #, Etc.

Suite 129

City

Pembroke Pines

State

FL

Zip Code

33029

100183689761
07/26/10--01050--006 **1058.75

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

Anthony P. Russo

REGISTERED AGENT MUST SIGN

Date **07/20/2010**

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
PSTD	Anthony P. Russo	18459 Pines Blvd, Suite 129	Pembroke Pines, FL 33029

REINSTATEMENT

B-10
B 7/27/10

10. E-mail Address: **tonyrusso@bellsouth.net**

(To be used for future annual report notification)

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. I further certify, 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:

Anthony P. Russo, President

07/20/2010

954-432-9096

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #