

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT-# P04000100097 1. Entity Name PARAGON BRANDS, INC.				FILED 06 JUN 26 AM 11:16 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 7647 SOUTH HAMPTON TERRACE #117 TAMARAC, FL 33321		Mailing Address 7647 SOUTH HAMPTON TERRACE #117 TAMARAC, FL 33321		 06132006 REIN-P CR2E098 (11/05) 05-06	
2. Principal Place of Business 3222 NW 84 AVE		3. Mailing Address 3222 NW 84 AVE			
Suite, Apt. #, etc. Apt 227		Suite, Apt. #, etc. Apt 227			
City & State SUNRISE FL		City & State SUNRISE, FL			
Zip 33351		Country USA		4. FEI Number 33-1096299	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent COHEN, ALAN B 7647 SOUTH HAMPTON TERRACE #117 TAMARAC, FL 33321				7. Name and Address of New Registered Agent Name ALAN B. COHEN Street Address (P.O. Box Number is Not Acceptable) 3222 NW 84 AVE APT 227 City SUNRISE FL Zip Code 33351	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Alan Cohen</i></u> 6/2/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P COHEN, ALAN B 7647 SOUTH HAMPTON TERRACE, 117 TAMARAC, FL 33321		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ALAN B. COHEN 3222 NW 84 AVE #227 SUNRISE, FL 33351	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Alan Cohen</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>6/2/06</u> Daytime Phone # <u>954-562-2547</u>		