

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

1996 NOV -1 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-11/08/96--01021--020
****313.75 ****313.75

DOCUMENT # P93000016069

1. Corporation Name

PARAGON PROPERTY MANAGEMENT OF SW FLORIDA, INC.

Principal Place of Business

Mailing Address

6371 ARC WAY
STE 2
FORT MYERS FL 33912
US

6371 ARC WAY
STE 2
FORT MYERS FL 33912
US

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

03/03/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0391151

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	WORKMAN, DAVID J	16330 FAIRWAY WOODS DR., #1703	FORT MYERS FL
STX	00000000000000000000	16330 FAIRWAY WOODS DR.	FORT MYERS FL
VP/T	STEPHENSON, BEVERLY J.	17230-3 TERRAVERDE CIR	FORT MYERS FL
SEC	WORKMAN, LUANN	16330 FAIRWAY WOODS DR	FT MYERS, FL 33908

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WORKMAN, DAVID J
6371-2 ARC WAY
FORT MYERS FL 33912

Name

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

Suite, Apt. #, Etc.

City

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FL

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date Sept. 17, 1996

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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)(b), 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/17/96 941-277-0112

Date

Daytime Phone

CR20040 (7/90)