

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV -5 AM 11:12

DOCUMENT # P93000069349

1. Corporation Name

PARAGON RELIABLE ORGANIZATION, INC.

Principal Place of Business

4890 DAVIS BLVD.
NAPLES FL 33942

Mailing Address

4890 DAVIS BLVD.
NAPLES FL 33942

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 99

4. Date Incorporated or Qualified
To Do Business in Florida

10/06/1993

5. FEI Number

65-0452583

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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	4 City / State / Zip
DP	SHELTON, PHILLIP	6031 HOLLOW DRIVE	NAPLES FL 34112
TS	SHELTON, GRETCHEN	1000 GOLDEN GATE PARKWAY, SUITE 6031 Hollow Drive	NAPLES FL 33900 Naples FL 34112
VP	VALK, FAYANN	1000 GOLDEN GATE PARKWAY, SUITE 114 Palmetto Dunes Circle	NAPLES FL 33900 34113
D	VALK, WILLARD N	1000 GOLDEN GATE PARKWAY, SUITE 104 Palmetto Dunes Circle	NAPLES FL 33900 34113
			400003046474--3
			-11/16/99--01103--019
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

SHELTON, PHILLIP
6031 HOLLOW DRIVE
NAPLES FL 34112

9. Name and Address of New Registered Agent

Name Gretchen V. Shelton
Street Address (P.O. Box Number is Not Acceptable)
6031 Hollow Drive
Suite, Apt. #, Etc.
City Naples State FL Zip Code 34112

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

Gretchen V. Shelton

REGISTERED AGENT MUST SIGN

Date

11-1-99

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gretchen V. Shelton

11-1-99

Date

Daytime Phone #

(941) 455-9666