

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



REINSTATEMENT 99

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 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 10/06/1993 | |
| City & State | | City & State | | 5. FEI Number | |
| Zip | | Country | | 65-0452583 | |
| | | | | Applied For | |
| | | | | Not Applicable | |
| | | | | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | |
| | | | | \$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 | 4000 GOLDEN GATE PARKWAY, SUITE 6031 Hollow Drive | NAPLES FL 33900 Naples FL 34112 |
| VP | VALK, FAYANN | 4000 GOLDEN GATE PARKWAY, SUITE 114 Palmetto Dunes Circle | NAPLES FL 33900 34113 |
| D | VALK, WILLARD N | 4000 GOLDEN GATE PARKWAY, SUITE 114 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 | | 9. Name and Address of New Registered Agent | |
| SHELTON, PHILLIP 6031 HOLLOW DRIVE NAPLES FL 34112 | | 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 Date 11-1-99
REGISTERED AGENT MUST SIGN

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 Gretchen V. Shelton Date 11-1-99 (941) 455-9666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #