

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 SEP 23 AM 9:40

DOCUMENT # P93000087802

Corporation Name

PARAG COMMUNICATIONS, INC.

REINSTATEMENT

03

2. Principal Office Address 3902 HENDERSON BLVD Suite, Apt. #, etc. SUITE 100 City & State TAMPA, FL Zip 33629 Country US		3. Mailing Office Address 3902 HENDERSON BLVD Suite, Apt. #, etc. SUITE 100 City & State TAMPA FL Zip 33629 Country US	
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500023281315  
09/23/03--01051--001 \*\*758.75

4. Date Incorporated or Qualified To Do Business in Florida 12/27/93	
5. FEI Number 593216084	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name STEPHEN PARAG II	
Street Address (P.O. Box Number is Not Acceptable) 3902 HENDERSON BLVD	
Suite, Apt. #, Etc. SUITE 100	
City TAMPA	State FL
Zip Code 33629	

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

REGISTERED AGENT MUST SIGN

Date

9-22-03

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
P	STEPHEN PARAG II	3214 PALMIRA AVE	TAMPA, FL 33629
ST	RONDA PARAG	3214 PALMIRA AVE	TAMPA, FL 33629

10. 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

STEPHEN PARAG II

Date

9-22-03

Daytime Phone #

813-251-8600x14

9/25  
aw