

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

1996 NOV - 1 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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DOCUMENT # P94000005904

1. Corporation Name

PARAGON FLORIDA REALTY, INC.

Principal Place of Business

Mailing Address

6371 ARC WAY
UNIT #2
FORT MYERS FL 33912

6371 ARC WAY
UNIT #2
FORT MYERS FL 33912

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

01/25/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0461915

Applied For

Not Applicable

City & State

City & State

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
VPX	CHACKO, JON	6371 ARC WAY UNIT #2	FT. MYERS, FL
P	WORKMAN, DAVID J.	16330 FAIRWAY WOODS DR #1703	FT. MYERS FL
SOX	GOODWIN, VALERIE	16330 FAIRWAY WOODS DR	FT. MYERS, FL
VP	WORKMAN, LUANN	16330 FAIRWAY WOODS #1703	FT MYERS, FL 33908
SEC	GREENE, RICHARD	17230-3 TERRAVERDE CIR	FT MYERS, FL 33908

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WORKMAN, DAVID J.
PARAGON FLORIDA REALTY
6371-2 ARC WAY
FT. MYERS FL 33912

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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)(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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/17/96 941-277-0112

Date Daytime Phone #

CR2040 (7/96)