

P95000057593

MARTY SCHAFFER
PARAMOUNT HOMES DEVELOPMENT CORP.
1702 S.W. BAYSHORE BLVD.
PORT ST. LUCIE, FL 34984

DATE 7/19/95

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

90000154888
-07/21/95--01067--017
****131.25 ****131.25

SUBJECT: PARAMOUNT HOMES DEVELOPMENT CORP.

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$122.50	<input checked="" type="checkbox"/> \$131.25
Filing Fee	Filing Fee & Certificate	Filing Fee & Certified Copy	Filing Fee Certified Copy & Certificate

Please return the photocopy to me with the filing date stamped on it.

FROM: MARTY SCHAFFER
1702 S.W. BAYSHORE BLVD.
PORT ST. LUCIE, FL 34984
(407) 879 4444
(Daytime Phone Number)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
JUL 21 AM 10:15

Thank you

Marty Schaffer
MARTY SCHAFFER

SL 7/25/95

Articles of Incorporation

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 21 AM 10:15

1. The name of the corporation is:

PARAMOUNT HOMES & DEVELOPMENT CORP.

2. The principal place of business and mailing address of the corporation is:

1702 S.W. BAYSHORE BLVD.
PORT ST. LUCIE, FL 34984

3. The corporation shall have the authority to issue 100 shares of common stock, in one class only, each with a par value of \$1.00.

4. The registered agent of the corporation is MARTY SCHAFFER, and the registered address is 1702 S.W. BAYSHORE BLVD., PORT ST. LUCIE, FL 34984.

5. The initial Board of Directors shall have 1 member(s) whose name(s) and address(es) is/are as follows:

ELIEZER MORGINSTIN
98 NORTHERN PARKWAY WEST
PLAINVIEW, NY 11803

The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one.

6. The incorporator of this corporation is MARTY SCHAFFER whose address is 1702 S.W. BAYSHORE BLVD., PORT ST. LUCIE, FL 34984.

Dated

7/19/95

Marty Schaffer
Incorporator

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

Dated 7/19/95

Mark Schiff
Registered Agent

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 21 AM 10:15

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

96 SEP 26 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # P95000057593
1. Corporation Name
PARAMOUNT HOMES & DEVELOPMENT CORP.

Principal Place of Business
1702 S.W. BAYSHORE BLVD.
PORT ST. LUCIE FL 34984
Mailing Address
1702 S.W. BAYSHORE BLVD.
PORT ST. LUCIE FL 34984



REINSTATEMENT 96

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

4. Date incorporated or Qualified To Do Business in Florida	07/21/1995
5. FEI Number	11-3294266
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	75 Annual 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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D	MORGINSTEIN, ELEZER	98 NORTHERN PARKWAY WEST	PLAINVIEW NY 11803

600001973706-7
-10/15/96--01053--011
****383.75 ****383.75

1010-11-90

8. Name and Address of Current Registered Agent

SCHAFFER, MARTY
1702 S.W. BAYSHORE BLVD.
PORT ST. LUCIE FL 34984

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
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: *Marty Schaffer*
REGISTERED AGENT MUST SIGN
Date: 9/20/96

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 individual's listed on this form do not qualify for an exemption under section 119.07(3)(f), 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: *Elezer Morginstein* ELIEZER MORGINSTEIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 9/20/96
Daytime Phone #

1800-423-5674

9/20/96