PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED

98 FEB 16 PM 2: 34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

DOCUMENT # P95000057593

1. Corporation Name

PARAMOUNT HOMES & DEVELOPMENT CORP.

Principal Place of Business	Mailing Address
1702 SW BAYSHORE BLVD. PORT ST. LUCIE, FL 34984	1702 SW BAYSHORE BLVD PORT ST LUCIE,FL 34984

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 07-21-1995	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 11-3294266	Applied For / Not Applicable
City & State	City & State	6. CERTIFICATE OF STATUS DESIRED ☐	$8.75 Additional Fee required for a Certificate of Status
Zip	Country	Zip	Country	

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 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
D	MORGINSTIN, ELIEZER	88 NORTHERN PKWY WEST	PLAINVIEW, NY 11803
		900002434499---7 -02/18/98--01083--010 ****900.00 ****900.00	

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
SCHAFFER, MARTY 1702 s.w. BAYSHORE BLVD PORT ST LUCIE, FL 34984	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]_   REGISTERED AGENT MUST SIGN

Date __12/31/97__

11. **This corporation owes or has paid the current year Intangible Personal Property tax due June 30.**   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]_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date __1/2/97__   Daytime Phone #

CR2E040 (1/98)