

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000079760

1. Corporation Name

PARADIGM INVESTIGATIONS, INC.

Principal Place of Business

7219 N 40TH ST
TAMPA FL 33604
US

Mailing Address

P.O. BOX 292576
TAMPA FL 33687
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

10/13/1995

5. FEI Number

59-3347449

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	KEFFER, LAWRENCE B	7219 N 40TH ST	TAMPA FL 33604

000004668850--3
-11/06/01--01046--005
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-11-01 (813) 888-0741

PARADIGM
INVESTIGATIONS

Information Specialists

(813) 988-0750

FAX: (813) 988-0741

2012

October 11, 2001

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

Re: Paradigm Investigations, Inc.-Document # P95000079760

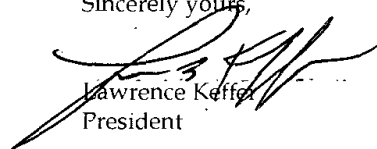
To whom it may concern:

I am writing to ask your consideration to abate any late filing or reinstatement penalties. I never received any renewal notices and did not realize that my Annual Report had never been filed. I also checked with my accountant and was told that I never sent anything to them.

I believe that since I moved twice in the last twelve months, from my Riverside Drive condo to 2808 Azele Avenue in October 2000, then to 7219 N. 40th Street in February 2001, it is possible that this was never forwarded to me. This is also very probable since it is not the only mail that I never received.

I would appreciate your help in this matter and have enclosed my check for \$150.00 for my renewal.

Sincerely yours,


Lawrence Keffer
President