

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

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

FILED

98 FEB -6 AM 8:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000090625

1. Corporation Name

PARAGON MEDIA GROUP, INC.

W98000001886

Principal Place of Business Mailing Address  
21947 PINE BARK WAY 21947 PINE BARK WAY

BOCA RATON, FL 33428 BOCA RATON, FL 33428

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

2. New Principal Office Address, If Applicable  
21947 PINE BARK WAY

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

11/29/95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0799839

Applied For

Not Applicable

City & State  
BOCA RATON, FL

City & State

Zip  
33428

Country  
PALM BEACH

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT

96-98

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PRES	JEFFERY D. WHITE	21947 PINE BARK WAY	BOCA RATON, FL 33428
VP	JOHN W. POTTS III	21947 PINE BARK WAY	BOCA RATON, FL 33428

7000002433117-8  
-02/17/98--01000--007  
\*\*\*1058.75 \*\*\*1058.75  
10-98

8. Name and Address of Current Registered Agent

JOHN W. POTTS III  
21947 PINE BARK WAY  
BOCA RATON, FL 33428

9. Name and Address of New Registered Agent

Name  
JOHN W. POTTS III  
Street Address (P.O. Box Number Is Not Acceptable)  
21947 PINE BARK WAY  
Suite, Apt. #, Etc.  
City  
BOCA RATON  
State  
FL  
Zip Code  
33428

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

REGISTERED AGENT MUST SIGN

Date

(See other side for information  
on intangible tax.)

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

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:

JOHN W. POTTS III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/21/98

561-451-2707