

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

00-02
CORPORATION
REINSTATEMENT



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

02 JUL -8 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000047078

1. Corporation Name

Paradigm Alliance Group, Inc.

2. Principal Office Address

18840 GULF BLVD

Suite, Apt. #, etc.

Suite #1

City & State

INDIAN SHORES, FL

Zip

33785

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/4/96

5. FEI Number

59-3384577

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

100006325201--8

-07/11/02--01024--006

****458.75 ****458.75

7. Name and Address of Current Registered Agent

Name

PATRICK SORANNO

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

18840 GULF BLVD

Suite, Apt. #, Etc.

Suite #1

City

INDIAN SHORES

State

FL

Zip Code

33785

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

6-30-2002

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	CAUCK CONLEY	8514 DARK HAWK CIRCLE	COLUMBIA, Md 21045
PRES	PATRICK SORANNO	18840 GULF BLVD	INDIAN SHORES FL 33785
SEC	JACK HALLDIN	13111 BRIDGEMORE AVE	BOWTIE SPRINGS, FL 34135

10. 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

6-30-2002

Date

Daytime Phone #

PATRICK SORANNO

CR2E081 (9/01)

June 27, 2002

Dept. of State
Div. of Corporations
409 East Gaines St.
Tallahassee, FL
32399

Re: Paradigm Alliance Group, Inc.
Document No. P96000047078

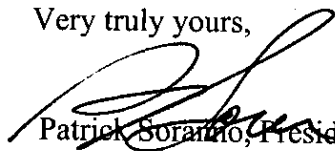
Ladies/Gentlemen:

Our corporation recently learned that it had been administratively dissolved for not filing its annual reports beginning in 2000. We did not receive the annual report for 2000 (or for any year after 2000) and therefore we inadvertently let the corporation be administratively dissolved. By this letter, we are requesting that since we did not receive the annual report for 2000 or any year after 2000, that any penalties be waived.

Enclosed is our check for \$458.75 and application for reinstatement for our corporation. Please reinstate us and send us a Certificate of Status.

Thank you.

Very truly yours,



Patrick Soranno, President
18840 Gulf Blvd.
Unit #1
Indian Shores, FL
33785

Enclosures