

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR  - 99 Katherine Harris
Secretary of State,
DIVISION OF CORPORATIONS

FILED

99 MAR 18 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000056863

1. Corporation Name
Paragon Distribution, Inc.

400002819104--3
-03/26/99--01004--024
****308.75 ****308.75

Principal Place of Business Mailing Address
10471 SW 184 TERR 10471 SW 184 TERR
Miami, FL 33157-6761 Miami, FL 33157-6761

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
10471 SW 184 TERR 10471 SW 184 TERR
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

July 1997

City & State City & State
Miami, FL 33157-6761 Miami, FL 33157-6761
Zip Zip
33157-6761 USA 33157-6761 USA

5. FEI Number

65-0763771

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)

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
P	Michael Fili	10471 SW 184 TERR	Miami, FL 33157-6761

TS. 3/23/99 98-99AR

8. Name and Address of Current Registered Agent

Michael Fili
10471 SW 184 Terr
Miami, FL 33157-6761

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

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/1999 305-278-8123
Date Daytime Phone #

CR2001 (12-98)



10471 SW 184th Terrace
Miami, FL 33157-6761

March 16, 1999

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Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
Attn: Tyrone Scott

Re: Paragon Distribution, Inc.

Dear Mr. Scott,

Enclosed please find a check in the amount of \$308.75, covering the Annual Report Fee, the Corporate Supplement Fee for 1998 & 1999 and the fee for Certificate of Status.

As I indicated to you during our conversation today, I have not received the renewal notice for 1998 or 1999. I am requesting the reinstatement fee be waived for 1998 as I did not receive the necessary application to renew.

Your assistance in this matter is greatly appreciated. If there is anything else required, please do not hesitate to call me at 305-278-8123.

In addition, I am requesting the application to be returned to me marked paid. A self-addressed envelope is enclosed for your convenience.

Thank you


Dennis G. Mahan
Paragon Distribution, Inc.