

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 24 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

998000077192

1. Corporation Name

Paragon Management and Marketing, Inc.

2. Principal Office Address

P.O. Box 2164

3. Mailing Office Address

P.O. Box 675

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Springfield, IL

City & State

Rochester, IL

Zip

62705

Country

USA

Zip

62563

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

09/04/1998

5. FEI Number

36-4253286

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$375 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Joann Parks

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

23267 Safari Avenue

Suite, Apt. #, Etc.

City

Port Charlotte

State

FL

Zip Code

33954

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**

Joann Parks
REGISTERED AGENT MUST SIGN

Date 3/21/03

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
Pres.	Joann Parks	23267-Safari-Avenue	Port Charlotte, FL 33954
CFO	David Loyd	P.O. Box 675	Springfield, IL 62563

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:

Joann Parks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/03

Date

Daytime Phone #