

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2008 MAR 25 PM 4:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S74261

1. Corporation Name

Paragon Financial Management, Inc.

2. Principal Office Address - No P.O. Box #

700 Village Square Crossing

Suite, Apt. #, etc.

Suite 103

City & State

Palm Beach Gardens, FL

Zip

33410

Country

USA

3. Mailing Office Address

700 Village Square Crossing

Suite, Apt. #, etc.

Suite 103

City & State

Palm Beach Gardens, FL

Zip

33410

Country

USA

REINSTATEMENT  
GR2E061 (42/07)

03-08

4. Date Incorporated or Qualified  
To Do Business in Florida

August 19, 1991

5. FEI Number  
94-3143511

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Thomas Victory, Jr.

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

1140 Marine Way West

Suite, Apt. #, Etc.

#F1L

City

North Palm Beach

State

FL

Zip Code

33408

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

*Thomas Victory, Jr.*

REGISTERED AGENT MUST SIGN

Date

3/20/08

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
P/S D	Thomas Victory, Jr.	1140 Marine Way West, #F1L	North Palm Beach, FL 33408

400121216344  
03/25/08--01032--009 \*\*\$00.00

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 contained in Chapter 119, 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:

*Thomas Victory, Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/20/08

Daytime Phone #

561 624-8701

3/25/08