

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



FILED

00 MAR 30 PM 2:56

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # V72248

1. Corporation Name
 Paragon Landscape Design, Inc.

Principal Place of Business Mailing Address

437 Highland St. P.O. Box 5
 Marshfield, MA. 02050 No. Marshfield,
 MA. 02059

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

REINSTATEMENT 10-100

2. New Principal Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
 10/12/92

5. FEI Number
 65-0368577 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)

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
President	Stephanie Reid	437 Highland St.	Marshfield, MA. 02050
			900003195779-4 -04/04/00--01091--018 ***1350.00 ***1350.00
			900003195779-4 -04/04/00--01091--019 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

Hilda M Porro Systems
 13857 Wellington Trace
 Suite D-1
 West Palm Beach, FL 33414

9. Name and Address of New Registered Agent

Name
 C-T Corporation System
 Street Address (P.O. Box Number is Not Accepted)
 1200 South Pine Island Road
 Suite, Apt. #, Etc.
 City Plantation State FL Zip Code 33324

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 *Lauren Kreatz* REGISTERED AGENT MUST SIGN LAUREN H. KREATZ, Date 3/22/00
 SPECIAL ASSISTANT SECRETARY

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes - No (See other side for information on intangible tax.) **KE**

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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date 3/20/00 Daytime Phone # 781 834 1000

CR2E061 (12/99)