

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.  
Marshfield, MA. 02050

P.O. Box 5  
No. Marshfield,  
MA. 02059

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

4. Date Incorporated or Qualified  
To Do Business in Florida

10/12/92

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

65-0368577

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
President	Stephanie Reid	437 Highland St.	Marshfield, MA. 02050
			8000003195779-4 -04/04/00--01091--018 ***1350.00 ***1350.00
			8000003195779-4 -04/04/00--01091--018 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

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

3/22/2000

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 of Signing Officer or Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/00 781 834 1000

Date

Daytime Phone #

CH2E081 (12/98)