

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 23 AM 11:57

DOCUMENT # **F98000002158**

1. Corporation Name

PA GROUP, INC.

Principal Place of Business

2101 OREGON PIKE
STE 300
LANCASTER PA 17601
US

Mailing Address

PO BOX 5200
LANCASTER PA 17606-5200
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/16/1998

5. FEI Number

23-2957607

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01



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	4 City / State / Zip
PD	FISHER, J H JR	2101 OREGON PIKE STE 300	LANCASTER PA 17601
TS	JORDAN, DENNIS W	2101 OREGON PIKE STE 300	LANCASTER PA 17601
TS	Dona L. Fisher	2101 Oregon Pike, Ste. 300	Lancaster, PA 17601

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11/08/01-01064-016

***758.75 ***758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SHAW, TIMOTHY S ESQ
KIRK PINKERTON
720 SOUTH ORANGE AVENUE
SARASOTA FL 34236

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

Timothy S. Shaw, Esquire
REGISTERED AGENT MUST SIGN

Date 10/18/01

11. 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:

Timothy S. Shaw, Esquire
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H. Fisher, Jr.

10/16/01

717-519-5200

Date

Daytime Phone #

CR2040 (8/01)