

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102



FLORIDA DEPARTMENT OF STATE
to the Honorable
Secretary of State
DIVISION OF CORPORATIONS

APPLICATION
FOR
REINSTATEMENT

FILED

00 OCT 31 AM 10: 59

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 205238

1. Corporation Name

PIPPING GROVES, INC.

Principal Place of Business

Mailing Address

~~1710 MANIPOSA~~
~~BARTOW FL 33830~~

~~1710 MANIPOSA~~
~~BARTOW FL 33830~~



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

2. New Principal Office Address, If Applicable

2901 Old Homeland Rd.

3. New Mailing Office Address, If Applicable

PO Box 66

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bartow, FL

City & State

Lakeland, FL

Zip

33830

Country

USA

Zip

33802

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/20/1957

5. FEI Number

59-0814442

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	PIPPING JR, E R	1710 MANIPOSA AVENUE	BARTOW FL
STD	SARGEANT, RALPH G.	232 NORTH MASS AVE	LAKELAND FL
SD	MARY ANN PIPPING	1710 MANIPOSA AVENUE	BARTOW FL
PD	Alice P. Skipper	PO Box 66	Lakeland, FL 33802
STD	Linda P. James	1010 Trask Ln.	Bartow, FL 33830
600003469546--4 -11/20/00--01013--007 ***150.00 ***150.00			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~PIPPING JR, E R~~
~~1710 MANIPOSA AVE~~
~~BARTOW FL 33830~~

Name

Alice P. Skipper

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

2901 Old Homeland Rd.

Suite, Apt. #, Etc.

City

Bartow

State

FL

Zip Code

33830

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

Alice P. Skipper

Date 10/26/00

REGISTERED AGENT MUST SIGN

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.

KE

SIGNATURE:

Alice P. Skipper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alice P. Skipper

10/26/00

Date

863-533-1996

Daytime Phone #

CR2E040 (6/00)

20f2

RALPH G. SARGEANT, JR.

Certified Public Accountant
232 North Massachusetts Avenue
Lakeland, Florida 33801-4987
(863) 688-3510

October 27, 2000

Division of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, FL 32314-6327

Re: Piping Groves, Inc.
Document #205238

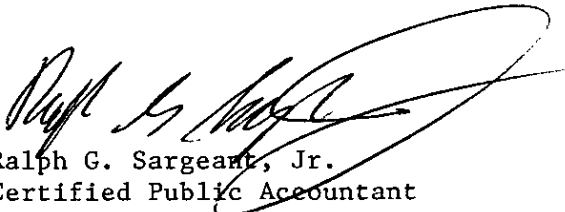
Gentlemen:

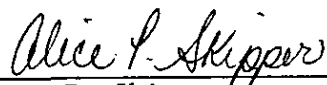
Please find enclosed a check for \$150.00 in payment of the base annual report fee. The sole reason for not filing timely is the failure to receive the original notice through no fault of the corporation's officers. I respectfully request that the additional fees be waived. The officers are now on notice to anticipate next year's filing.

Thank you for your time and consideration in this matter.

Sincerely,

Authorized:


Ralph G. Sargeant, Jr.
Certified Public Accountant



Alice P. Skipper
President

encl.