

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 MAY -2 PM 12:08

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 589992

1. Corporation Name

P.G.P., INC.

2. Principal Office Address
P. O. BOX 3179

Suite, Apt. #, etc.

City & State
PORT CHARLOTTE, FL

Zip
33949

Country

3. Mailing Office Address
3005 CARING WAY

Suite, Apt. #, etc.
SUITE A

City & State
PORT CHARLOTTE, FL

Zip
33952

Country
USA

REINSTATEMENT 03-06
CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida 10/31/1978

5. EEL Number
59-2413745

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
MOORE, JAMES E., III

Street Address (P.O. Box Number is Not Acceptable)
1107 WEST MARION AVENUE

Suite, Apt. # Etc.
SUITE 112

City
PUNTA GORDA

400074351974

05/10/06 01004-019

State Zip Code
FL 33950

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

REGISTERED AGENT MUST SIGN

Date

4/17/06

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/D	HAELTERMAN, JACQUES	7 ZAVELLOSBAAN	ASSE, BELGIUM
S/D	HAELTERMAN, PAUL	GROENSTRAAT, 65	1730 ASSE, BELGIUM
V	HAELTERMAN, MICHAEL	7 ZAVELLOSBAAN	ASSE, BELGIUM
D	LORICCO, CARLO J.	3005 CARING WAY	PORT CHARLOTTE, FL, 33952

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLO J. LORICCO

Date

4/13/06

941-629-1197

Daytime Phone #