

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAY 12 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000001873

1. Corporation Name
Pillisch Properties, Inc.

2. Principal Office Address
5320 Oakes Road

Suite, Apt. #, etc.

City & State
Brecksville, Ohio

Zip
44141

Country
USA

3. Mailing Office Address
5320 Oakes Road

Suite, Apt. #, etc.

City & State
Brecksville, Ohio

Zip
44141

Country
USA

**4. Date Incorporated or Qualified
To Do Business in Florida** 4/5/00

5. FEI Number
36-4041298

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
A.G.C. Co.

Street Address (P.O. Box Number is Not Acceptable)
200 S. Orange Avenue

Suite, Apt. #, Etc.
Suite 2300

City
Orlando

State **Zip Code**
FL 32801

100054662671
05/17/05 01021 017 #1350.75

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**

Phillip M. Cade, Vice President
REGISTERED AGENT MUST SIGN

Date 5/11/05

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
Pres/Dir	Leslie P. Radigan	5320 Oakes Road	Brecksville, Ohio 44141
Sec/Dir	Roy Radigan	5320 Oakes Road	Brecksville, Ohio 44141

REINSTATEMENT 01-05

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/11/05

440/526-2151