

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 OCT 24 PM 1:32

DOCUMENT # F25133

1. Corporation Name

FLORIDA PIGROUP, INC

2. Principal Office Address - No P.O. Box #

11346 53RD ST, N

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

CLEARWATER FL

City & State

Zip

34620

Country

PINELLAS

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3/13/1981

5. FEI Number

36-3113475

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

700136673847

10/06/08--01061--011 **300.00
CR2E081 (12/07)

05-08

7. Name and Address of Current Registered Agent

Name

JEFF MONGER

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

310 JULIA CIRCLE N

Suite, Apt. #, Etc.

City

ST PETE BEACH

State

FL

Zip Code

33706

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

700137360077

10/28/08--01016--012 **308.75

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

REGISTERED AGENT MUST SIGN

Date 9/30/08

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 MR	JEFF MONGER	310 JULIA CIRCLE N	ST PETE BEACH FL 33706
S MRS	ROBERTA MONGER	310 JULIA CIRCLE N	ST PETE BEACH FL 33706
D MRS	KIRSTEN PARRY	1709 HAPP RD.	NORTHBROOK IL 60062

REINSTATEMENT 05-08

B 10/24/08

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:

JEFF MONGER PRES.

9/30/08

847-858-9531

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #