

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



9809AR

DOCUMENT # L32401

1. Corporation Name

PENRO CORP

Principal Place of Business

Mailing Address

2002 N. TAMiami TRAIL
NAPLES, FL, 34102

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

10/89

5. FEI Number

65-0157553

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	LAWRENCE J PENDLETON	28900 TRENTON CT BONITA SPRINGS, FL	BONITA SPRINGS, FL 34134
S/T	ROSALIE PENDLETON	28900 TRENTON CT.	BONITA SPRINGS, FL 34134
VP	ROBERT PENDLETON	3049 MINK WAY	LITHONIA, GA, 30058

8. Name and Address of Current Registered Agent

LAWRENCE J PENDLETON
28900 TRENTON CT
BONITA SPRINGS, FL 34102

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Lawrence J Pendleton

REGISTERED AGENT MUST SIGN

Date 1/28/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Lawrence J Pendleton

LAWRENCE J PENDLETON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/28/99 941-262-8074

Daytime Phone #

2

PENRO CORPORATION
2002 N. TAMiami TRAIL
NAPLES, FL, 34102
tel (941) 262-8073 fax (941) 992-5797

January 28, 1999

Florida Dept of State
Division of Corporations
PO Box 6327
Tallahassee, FL, 32314

Gentlemen,

We have enclosed a completed and signed Application for reinstatement for Penro Corporation. The information contained is the current information.

Additionally, we are enclosing a check for \$300. (three hundred) dollars for registration fees for years 1998 and 1999. Note that reinstatement fees are NOT included as your representative instructed us not to since this problem stems from our NOT RECEIVING OUR 1998 RENEWAL.

Thank you for your help and please contact us if we may be of help to you.

Sincerely,



Lawrence J. Pendleton
Registered Agent