

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

00 AUG 16 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT #

**M05032**

1. Corporation Name

PENN PROPERTIES GROUP, INC.

2. Principal Office Address

3723 EASTOVER HILLS COURT

Suite, Apt. #, etc.

City & State

CHARLOTTE, NC

Zip  
28211

Country  
USA

3. Mailing Office Address

3723 EASTOVER HILLS COURT

Suite, Apt. #, etc.

City & State

CHARLOTTE, NC

Zip  
28211

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

09/07/84

5. FEI Number

59-2559990

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT**

**9-10**

**7. Name and Address of Current Registered Agent**

Name

JAMES A. HAUSER

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

3191 CORAL WAY

Suite, Apt. #, Etc.

SUITE 405

City

MIAMI

State  
**FL**

Zip Code  
33145

700003377747-8

08/30/00-01063-007

\*\*\*\*908.75 \*\*\*\*908.75

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 8/14/2000

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
DPT	JAMES P. PENZELL	3723 EASTOVER HILLS COURT	CHARLOTTE, NC 28211
S	JAMES A. HAUSER	3191 CORAL WAY, SUITE 405	MIAMI, FL 33145
VPAS	SHELIA EPPERSON PENZELL	3723 EASTOVER HILLS COURT	CHARLOTTE, NC 28211

**KE**

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:

*SHELIA EPPERSON PENZELL*

SHELIA EPPERSON PENZELL 08/09/00 704-362-3801

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #