

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 OCT 13 PM 12:29

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P00000044512

**1. Corporation Name**

PiggyBanker Stock Company

**2. Principal Office Address**

1301 Seminole Blvd.

Suite, Apt. #, etc.

#140

City & State

Largo, FL

Zip

33770-8102

Country

Pinellas

**3. Mailing Office Address**

5370 W 95th St.

Suite, Apt. #, etc.

Legal

City & State

Prairie Village, KS

Zip

66207-3204

Country

Johnson

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

5/2/00

**5. FEI Number**

59-3641946

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 03**

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

Name

National Registered Agents, Inc.

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

526 E. Park Ave.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

**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

Date 10/9/03

REGISTERED AGENT MUST SIGN

**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	Chris M. Likens	5370 W 95th St.	Prairie Village, KS 66207-3204
VP/Treas	Michael J. Riley	5370 W 95th St.	Prairie Village, KS 66207-3204
VP/Sec	Hiram E. Blomquist	5370 W 95th St.	Prairie Village, KS 66207-3204

**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

Hiram E. Blomquist

10/9/03 913-383-9248

Date

Daytime Phone #

CR2E081 (10/02)

7/10/14