

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 30 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

03-04

400030062814
03/29/04--01097--004 **150.00

400030062814
03/09/04--01023--001 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

9/24/2000

5. FEI Number
59-3674896

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

DOCUMENT # P00000089948

1. Corporation Name

PIED PIPER OF BAY COUNTY, INC.

160 N. Star Ave.

160 N. Star Ave.

2. Principal Office Address

6207 PRIDGEN STREET

3. Mailing Office Address

6207 PRIDGEN STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PANAMA CITY, FL

City & State

PANAMA CITY, FL

Zip

32404

Country

USA

Zip

32404

Country

USA

7. Name and Address of Current Registered Agent

Name

MICHAEL ROBINSON

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

2335 E BALDWIN ROAD

Suite, Apt. #, Etc.

City

PANAMA CITY

State
FL

Zip Code

32405-5801

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

Michael Robinson

Date 3/1/04

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
PST	ELLIOTT, KEVIN R	6207 PRIDGEN STREET 160 N. Star Ave.	PANAMA CITY, FL 32404

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:

Carm Elliott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/5/04 (850) 8748551

Daytime Phone #

CR2081 (01/04)

2 of 2

3/5/04

To whom it may concern,

I am writing in regard to the dissolution of our corporation and the fees required for its reinstatement. Due to an error with the address of our business, we did not receive any of the billing notifications and did not even know our corporation had been dissolved until just a few days ago. Your automated phone system said that if we did not receive the notices of payment, the fees could be waived. I am respectfully requesting that that be done. We will gladly pay our fees for the year 2003, \$150, and those for the current year by the due date in May. Enclosed is the payment for last year. I am sorry for the inconvenience. I have corrected the address on the reinstatement form, so this should not happen again. Thank you.



Kevin Elliott