

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 22 PM 6:49

DOCUMENT # P00000099342

1. Corporation Name

AGI GROUP, INC.

Principal Place of Business

Mailing Address

1951 PORTER LAKE DRIVE, UNIT E
SARASOTA FL 34240

1951 PORTER LAKE DRIVE, UNIT E
SARASOTA FL 34240

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

4. Date Incorporated or Qualified
To Do Business in Florida

10/20/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For

☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	TYSON, GEORGE P	1951 PORTER LAKE DRIVE, UNIT E	SARASOTA FL 34240

000004669060--8
-11/06/01--01057--015
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TYSON, GEORGE P
1951 PORTER LAKE DRIVE, UNIT E
SARASOTA FL 34240

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

Signature of Registered Agent
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10.17.01

11. 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 of Officer or Director
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10.17.01

Daytime Phone #

(941) 377-5336

AD

Agigroup.com!

2

October 17, 2001

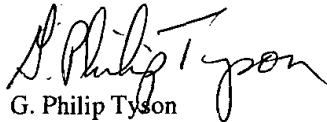
Florida Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

I am writing to you to request reinstatement of our corporation. Our company did not receive the initial Uniform Business Report that was to be filed earlier this year.

Enclosed is the Application for Reinstatement and filing fee of \$150.00. Your help in this matter is greatly appreciated.

Sincerely,



G. Philip Tyson
CEO
AGI Group