

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01722

1. Corporation Name

THE PENNSYLVANIA GROUP, INCORPORATED

Principal Place of Business

Mailing Address

515 SHOEMAKER ROAD
KING OF PRUSSIA PA 19406-3599
US

515 SHOEMAKER ROAD
KING OF PRUSSIA PA 19406-0599

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

04/23/1984

5. FEI Number

59-2390363

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	City / State / Zip
V	MAC CART, ALFRED A.	515 SHOEMAKER ROAD	KING OF PRUSSIA PA
P	BUFORD JR, ANTHONY A	515 SHOEMAKER ROAD	KING OF PRUSSIA PA
VP	BUFORD III, ANTHONY A	515 SHOEMAKER ROAD	KING OF PRUSSIA PA

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****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~CT CORPORATION SYSTEM~~
~~1200 S. PINE ISLAND ROAD~~
~~PLANTATION FL 33324~~

Name

Anthony Buford Jr

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

131 S. STINCARREE Pkwy

Suite, Apt. #, Etc.

City

VERO BEACH

State

FL

Zip Code

32905

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 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-17-01 561-231-9883

CR2E040 (8/01)