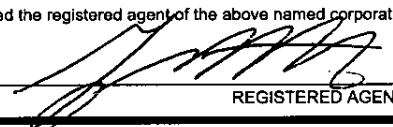# PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC 12 AM 2: 39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0200000040493

1. Corporation Name

PGL Florida, Inc.

700026577437
01/09/04--01006---015 **750.00

2. Principal Office Address	**3. Mailing Office Address**
1904 Industrial Park Dr.	Same as principal office
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Plant City, FL	City & State

4. Date Incorporated or Qualified To Do Business in Florida 4/15/02

5. FEI Number 43-1956985

Applied For

Not Applicable

Zip 33566	Country	Zip	Country

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

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7. Name and Address of Current Registered Agent

Name
Gary N. Strohauer

Street Address (P.O. Box Number is Not Acceptable)
1150 Cleveland Street

Suite, Apt. #, Etc.
Suite 300

City Clearwater	State FL	Zip Code 33755

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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 12/9/03

CR2E081 (10/02)

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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
PDST	Gregory J. Proch	1904 Industrial Park Dr.	Plant City, FL 33566

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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: _____ GREG PROCH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-10-03   813-763-4057

Date   Daytime Phone #