

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P02000042460*

1. Corporation Name

PMIC Group, Inc.

FILED

05 MAY -2 PM 5:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HA 000055328580
05/25/05--01038--014 **1050.00

2. Principal Office Address

6191 6th Avenue South

Suite, Apt. #, etc.

3. Mailing Office Address

4000 24th Street North

Suite, Apt. #, etc.

Lot # 208

City & State

St. Petersburg, FLORIDA

City & State

St. Petersburg, FLORIDA

Zip

33707

Country

U.S.A.

Zip

33714

Country

U.S.A.

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

4/19/02

5. FEI Number

043666129

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-05

7. Name and Address of Current Registered Agent

Name

Law Office of Michelle M. Marsico

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

5835 Memorial Highway

Suite, Apt. #, Etc.

Suite 19

City

Tampa

State

FL

Zip Code

33615

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

4/28/05

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
<i>P/T</i>	<i>Henry Kleszczowski</i>	<i>4000 24th Street North Lot #208</i>	<i>St. Petersburg, FL 33714</i>
<i>VP</i>	<i>Yvonne King</i>	<i>6191 6th Avenue South</i>	<i>St. Petersburg, FL 33707</i>
<i>S</i>	<i>Norma O'Keeffe</i>	<i>1233 38th Avenue North</i>	<i>St. Petersburg, FL 33704</i>

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

HENRY KLESZCZOWSKI

Date

4/28/05

Daytime Phone #

727-710-2254