

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM *Page 1 of 2*

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 27 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000097917

1. Corporation Name

PUGH INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

P O BOX 238
PINETTA, FL 32350

P O BOX 238
PINETTA FL 32350



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

09/11/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For

☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	PUGH, BOBBY D	P O BOX 238	PINETTA FL 32350
DST	PUGH, BOBBY A	P O BOX 238	PINETTA FL 32350

700023764847

10/13/03--01094--002 **150.00

REINSTATEMENT

03

TS ?

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PUGH, BOBBY D
RT #3, BOX 488
MADISON FL 32340

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. or 617.0505, F.S.

Signature of
Registered Agent

Date *10-16-03*

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director of 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

Date

Daytime Phone #

10-9-03

CR20040 (7/03)

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Pugh International, Inc
PO Box 238
Pinetta, FL 32350

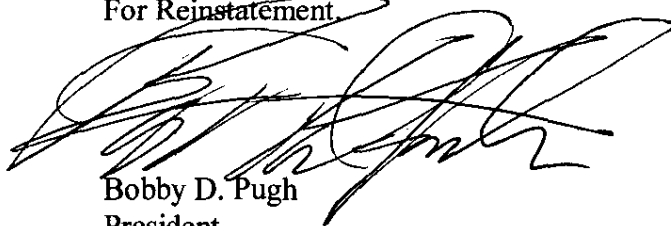
October 21, 2003

Florida Department of State
Division of Corporations
ATTN: Corporate Records
PO Box 6327
Tallahassee, Florida 32314

SUBJECT: FEE ABATEMENT

Pugh International, Inc., Ref Number P02000097917

Request a fee abatement under the provisions of paragraph 2, Letter Number:
903A00056123, we have not received any UBR notices prior to receiving the Request
For Reinstatement.



Bobby D. Pugh
President
Pugh International, Inc