

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JAN -6 PM 4:03

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P02000110137

1. Corporation Name

PIPER BAHR INCORPORATED

Principal Place of Business

Mailing Address

2061-376 RIVER REACH DR.  
NAPLES FL 34104

2061-376 RIVER REACH DR.  
NAPLES FL 34104

REINSTATEMENT 03



500026161705  
01/06/04--01057--016 \*\*758.75

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

210 MADISON DRIVE

210 MADISON DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
NAPLES FL.

City & State  
NAPLES FL

Zip 34110 Country USA

Zip 34110 Country USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/11/2002

5. FEI Number

41-2063419

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MAZROLLE-TURNER, LEIGH	2061-376 RIVER REACH DR.	NAPLES FL 34104
D	TURNER, LEIGH	210 MADISON DRIVE	NAPLES FL 34110

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MAZROLLE-TURNER, LEIGH  
2061-376 RIVER REACH DR.  
NAPLES FL 34104

Name

TURNER, LEIGH

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

210 MADISON DRIVE

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34110

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

*Leigh Turner*  
REGISTERED AGENT MUST SIGN

Date

12/30/03

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:

*Leigh Turner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/30/03

Daytime Phone #