

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # *P22453*

1. Corporation Name

Pier Group, Inc.

Principal Place of Business

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

c/o Pier 1 Imports, Inc.

Suite, Apt. #, etc.

301 Commerce Street, Suite 600

City & State

Fort Worth, Texas

Zip

76102

Country

U.S.A.

3. New Mailing Office Address, If Applicable

Attn.: Tax Department

Suite, Apt. #, etc.

P. O. Box 961020

City & State

Fort Worth, Texas

Zip

76161-0020

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

02/14/89

5. FEI Number

51-0316770

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D/C/CEO	Clark A. Johnson	301 Commerce Street, Suite 600	Fort Worth, Texas 76102
P/D/COO	Marvin J. Grouard	301 Commerce Street, Suite 600	Fort Worth, Texas 76102
Sr. V/ CFO/T	Stephen F. Mangum	301 Commerce Street, Suite 600	Fort Worth, Texas 76102
Sr. V/ Sec.	J. Rodney Lawrence	301 Commerce Street, Suite 600	Fort Worth, Texas 76102
Asst. Sec.	Michael A. Carter	301 Commerce Street, Suite 600	Fort Worth, Texas 76102

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallahassee, Florida 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

200002368692-4

-12/10/97-01106-024

\*\*\*\*750.00

\*\*\*\*750.00

State

Zip Code

FL

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

*Brain S. Johnson*

Date

12/5/97

REGISTERED AGENT MUST SIGN

Brain S. Johnson, Asst. V. President

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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

J. Rodney Lawrence, Senior Vice President

12/1/97  
Date

(817) 878-8000  
Daytime Phone #

FILED  
97 NOV -3 PM 2:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT *01*

C025040 (12/96)