

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION  
FOR  
REINSTATEMENT**



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

APPROVED  
AND  
FILED

1997 NOV 24 PM 12:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P36279**

1. Corporation Name

**PIQUINQ MANAGEMENT CORPORATION**

Principal Place of Business

1509 ST. ANDREWS BLVD.  
PANAMA CITY FL 32405

Mailing Address

1509 ST. ANDREWS BLVD.  
PANAMA CITY FL 32405

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/06/1991

5. FEI Number

92-0086738

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<del>CEO</del> GM	<del>BROWER, CHARLES D</del> Hueners, Jeff	<del>6613 BRAYTON DRIVE</del> 6613 Brayton Drive	<del>ANCHORAGE AK 99507</del> Anchorage, AK 99507
<del>CD</del> D	<del>ALOEAK, MAX</del> Brower, Price E.	<del>6886 AHMAOGAK STREET</del> 392 Ogrook Street	<del>BARROW AK 99723</del> Barrow, AK 99723
<del>SD</del>	KRATZER, JAMES	6800 PLAZA DRIVE	NEW ORLEANS LA 70127
<del>TD</del>	<del>BURRIS, TERRY</del>	<del>1230 AGVIK STREET</del>	<del>BARROW AK 99723</del>
D	CHRISTENSEN, JEANETTE	1230 AGVIK STREET	BARROW AK 99723
C D	BROWER, CHARLES DN	392 OGROOK STREET	BARROW AK 99723

8. Name and Address of Current Registered Agent

LEE, EVERETT  
1509 ST. ANDREWS BLVD.  
PANAMA CITY FL 32405

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

**REINSTATEMENT**

900002358129-2

11/26/97 01088 014

\*\*\*750.00 \*\*\*750.00

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

REGISTERED AGENT MUST SIGN

Date

11/21/97

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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:

Jeff Hueners, General Manager & Assistant Corporate Secretary

10 Nov 1997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/97)