

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 # <u>PA4000031097</u>			
1. Corporation Name <u>3300 Group, Inc.</u>			
Principal Place of Business <u>3707 16th Avenue East Palmetto, FL 34221</u>		Mailing Address <u>3707 16th Avenue East Palmetto, FL 34221</u>	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, if Applicable <u>3704 16th Avenue East</u>		3. New Mailing Office Address, if Applicable <u>3704 16th Avenue East</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Palmetto, FL</u>		City & State <u>Palmetto, FL</u>	
Zip <u>34220</u>	Country <u>Manatee</u>	Zip <u>34220</u>	Country <u>Manatee</u>
4. Date Incorporated or Qualified To Do Business in Florida <u>4/25/94</u>		5. FEI Number <u>65-0563388</u>	
6. CERTIFICATE OF STATUS DESIRED ☐		Applied For ☐ Not Applicable ☐	
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
P/D	Brian M. Herron	358 N. Orchid Drive	Ellenton, FL 34222
VP/D	Robert C. Swanson	2504 Palma Sola Blvd	Bradenton, FL 34209
S/T/D	Delver D. Couch	3704 16th Avenue East	Palmetto, FL 34220
D	Earnest T. Andrews	3307 Manatee Ave West	Bradenton, FL 34205
D	Herbert I. Gordon	3307 Manatee Ave West	Bradenton, FL 34205
			<u>02/14/97</u>
8. Name and Address of Current Registered Agent <u>DELVER D. COUCH</u> <u>3707 16th Avenue East</u> <u>Palmetto, FL 34221</u>		9. Name and Address of New Registered Agent Name <u>DELVER D. COUCH</u> Street Address (P.O. Box Number is Not Acceptable) <u>3704 16th Avenue East</u> Suite, Apt. #, Etc. <u>7000002090147--9</u> <u>-02/18/97--01014--012</u> City <u>Palmetto</u> <u>***1080.00</u> <u>FL</u> <u>34220</u>	
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 <u>Del Couch</u> Date <u>1/15/97</u> REGISTERED AGENT MUST SIGN			
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: <u>Brian M. Herron</u> SIGNATURE AND FULL OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>BRIAN M. HERRON, President</u>		1/15/97 (941) 747-2045 Date Daytime Phone #	