

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 # **P94000068308**

1. Corporation Name

OVENS MANAGEMENT, INC.

Principal Place of Business

% SIX PPG PLACE
SUITE 1110
PITTSBURGH PA 15222

Mailing Address

% SIX PPG PLACE
SUITE 1110
PITTSBURGH PA 15222

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

2. New Principal Office Address, If Applicable

2101 Greentree Road

Suite, Apt. #, etc.

A-113

City & State

Pittsburgh PA

Zip

15220

Country

USA

3. New Mailing Office Address, If Applicable

2101 Greentree Road

Suite, Apt. #, etc.

A-113

City & State

Pittsburgh PA

Zip

15220

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/15/1994

5. FEI Number

25-1723770

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
DVP		PERR, JOEL S.		6 PPG PL #1110 2101 Greentree Rd. Suite A-113		PITTS PA 15220	
DVP		DIFRANGO, GERALD W.		6 PPG PL #1110 2101 Greentree Rd. Suite A-113		PITTS PA 15220	
PD		THOMPSON, ROBERT M.		6 PPG PL #1110 2101 Greentree Rd. Suite A-113		PITTS PA 15220	
STD		GREBOWSKI, FRANK L.		6 PPG PL #1110 2101 Greentree Rd. Suite A-113		PITTS PA 15220	

900002346519A-1
-11/13/97-010945016
***750.00 ***750.00

8. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301**

9. Name and Address of New Registered Agent

Name

Tom Geis

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

273 Bellair Drive N.E.

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33704

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

Thomas A. Geis

REGISTERED AGENT MUST SIGN

Date

11/5/97

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:

Frank L. Grebowski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK L. GREBOWSKI

Date

11/3/97

Daytime Phone #

412-276-1666

FILED

97 NOV 10 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT