

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 JUL 30 PM 8:45

DOCUMENT # P95000032791

1. Corporation Name

**PENNON, INC.**

**REINSTATEMENT**

04-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #  
1700 S. MacDill Avenue

3. Mailing Office Address  
1700 S. MacDill Avenue

Suite, Apt. #, etc.  
Suite 220

Suite, Apt. #, etc.  
Suite 220

City & State  
Tampa, FL

City & State  
Tampa, FL

Zip  
33629

Country  
US

Zip  
33629

Country  
US

4. Date Incorporated or Qualified  
To Do Business in Florida 04/26/1995

5. FEI Number  
593316637

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
James M. Winge

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

Suite, Apt. #, Etc.

City  
Tampa

State Zip Code  
FL 33606

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*James M. Winge*  
REGISTERED AGENT MUST SIGN

Date 7-26-07

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	James M. Winge	1700 S. MacDill Ave., Suite 220	Tampa, FL 33629

10. 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 contained in Chapter 119, 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: *James M. Winge*  
JAMES M. WINGE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-26-07

Date

813-229-3300

Daytime Phone #



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 031399 4326591

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 608.75

RECEIVED  
07 JUL 30 AM 10:47

FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

ORDER DATE : July 30, 2007

ORDER TIME : 9:0 AM

ORDER NO. : 031399-005

CUSTOMER NO: 4326591

DOMESTIC FILINGS

NAME: PENNON, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Heather Chapman - Ext# 2908

EXAMINER'S INITIALS \_\_\_\_\_