

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
• FOR  
REINSTATEMENT



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

**FILED**

96 NOV -5 PH 3:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000035871**

1. Corporation Name

**P.I.B., INC.**

Principal Place of Business

11082 TRACI LYNN DR  
JACKSONVILLE FL 32218

Mailing Address

11082 TRACI LYNN DR  
JACKSONVILLE FL 32218

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/03/1995

5. FEI Number

59-3313161

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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
DPT	GRIFFIN, BENNIE JR	11082 TRACI LYNN DR	JACKSONVILLE FL 32218
DV	LOVETT, TONY	8254 MONCRIEF EXT	JACKSONVILLE FL 32219
DS	KING, IRVIN	11785 TORTOISE WAY	JACKSONVILLE FL 32218

600002001786--3  
-11/12/96--01023--011  
\*\*\*375.00 \*\*\*375.00

8. Name and Address of Current Registered Agent

GRIFFIN, BENNIE J R  
11082 TRACI LYNN DR  
JACKSONVILLE FL 32218

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

*Bennie Griffin Jr.*  
REGISTERED AGENT MUST SIGN

Date 10-22-96

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:

*Bennie Griffin Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-96

Date

Daytime Phone #

CR-2500 (7/95)