

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
00 SEP -7 AM 10: 09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000077752

1. Corporation Name

PELPO, INC.

Principal Place of Business

Mailing Address

638 - 70th Avenue

Same

ST. PETERSBURG BEACH, FL 33706

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 Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

97-00

4. Date Incorporated or Qualified
To Do Business in Florida
10/10/95

5. FEI Number

59-3337792

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED: 7

**\$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
VP/S	GUY L. PELLEGRINI	60 MOHAWK STREET	MOHAWK, MI 49950
VP/T	MARK POLLES	638 - 70TH AVENUE	ST. PETERSBURG BEACH FL 33706
P/D	DINO J. PELLEGRINI	1175 HAYWOOD ROAD # 6-L	GREENVILLE, SC 29615

000003406680--3
-09/27/00--01072--011
*****1200.00 ***1200.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

DANIEL A. HARRIS, P.A.

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

105-F DUNBAR AVENUE

Suite, Apt. #, Etc.

City

OLDSMAR,

State

FL

Zip Code

34677

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

9/5/00

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.)

KE

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mark Polles (MARK Polles)

9/5/00

727-367-2582

CR2040 (1/95)