

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 #P96000035077

1. Corporation Name

PENINSULAR GENERAL CORPORATION

Principal Place of Business

4575 St. Johns, Suite 4  
Jacksonville, FL 32210

Mailing Address

N/A

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

2. New Principal Office Address, If Applicable  
343 Almeria Avenue

3. New Mailing Office Address, If Applicable  
5509 Acacia Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Gables, FL

City & State

Crystal Lakes, IL

Zip

33134

Country

Zip

60012

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

April 23, 1996

5. FEI Number

58-2377400

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
PSTD	JAY D. MARSH	5509 ACACIA COURT	CRYSTAL LAKES, IL 60012

8. Name and Address of Current Registered Agent

Douglas A. Mang, Esq.  
Mang & Rett, P.A.  
660 East Jefferson Street  
Tallahassee, FL 32301

9. Name and Address of New Registered Agent

Name

Spiegel & Utrera, P.A.

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

343 Almeria Avenue

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33134

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.

Lawrence J. Spiegel, President

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 03/13/98

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.

Jay D. Marsh, President

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/13/98

Date

(815)455-5475

Daytime Phone #

REINSTATEMENT 97-98

FILED

98 MAR 19 PM 1:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2EIM40 (1/96)