

P96000079547

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 SEP 20 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000079547

Corporation Name

Peony Group Corp.

600003399926--3

-09/21/00--01002--010

****900.00 ****900.00

Principal Office Address

3. Mailing Office Address

2338 Immokalee Rd.

2338 Immokalee Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. 225

Ste. 225

City & State

City & State

Naples, FL

Naples, FL

Country

Zip

Country

34110

USA

34110

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/2/91

5. FEI Number

65-0299874

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75r Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Warren Kantor

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

2338 Immokalee Rd.

Suite, Apt. #, Etc.

Ste. 225

City

Naples

State

FL

Zip Code

34110

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

REGISTERED AGENT MUST SIGN

Date

9/18/00

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
P, S	Lorri Blank	2 Logan Sq., Ste. 1900	Phila., PA 19103
T	Paul Kirk	2 Logan Sq., Ste. 1900	Phila., PA 19103
D	Warren Kantor	2 Logan Sq., Ste. 1900	Phila., PA 19103

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/18/00

Date

215-656-4300

Daytime Phone #

CR2E081 (9/99)