

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2004-05 Re
FILED

05 AUG 11 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000104244

1. Corporation Name WARRIOR GROUP, Inc.

2. Principal Office Address

795 E. Stokes Landing Rd.

Suite, Apt. #, etc.

City & State

St. Augustine, FL

Zip

32095

Country

US

3. Mailing Office Address

795 E. Stokes Landing Rd.

Suite, Apt. #, etc.

City & State

St. Augustine FL

Zip

32095

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

01-01-1997

5. FEI Number

59-3400996

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

John C. Gorman

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

795 E. Stokes Landing Road

Suite, Apt. #, Etc.

City

St. Augustine

State

FL

Zip Code

32095

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

8-03-05

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
S.P.D.	John C. Gorman	795 E. Stokes Landing Rd.	St. Augustine, FL 32095

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 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] JOHN C. GORMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-03-05

Date

(904) 347-4832

Daytime Phone #

CR2E081 (01/04)