PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

[redacted]

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JAN 30 PM 4:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000014738

1. Corporation Name
Piper's Glen, Inc.

REINSTATEMENT 02-05

2. Principal Office Address	3. Mailing Office Address
2165 Sunnydale Blvd.	2165 Sunnydale Blvd.
Suite, Apt. #, etc.: Suite K	Suite, Apt. #, etc.: Suite K
City & State: Clearwater, Florida	City & State: Clearwater, Florida
Zip: 33765 Country: USA	Zip: 33765 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 02/14/1997

5. FEI Number: 65-0731928 ☐ 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: Geoffrey S. Mombach, Esq.
Street Address (P.O. Box Number is Not Acceptable): 500 East Broward Blvd.
Suite, Apt. #, Etc.: Suite 1950
City: Fort Lauderdale State: FL Zip Code: 33394

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: Geoffrey S. Mombach
REGISTERED AGENT MUST SIGN
Date: 01/28/2003

CR2E061 (10/02)

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
D	Mr. Bob Starnes	2165 Sunnydale Blvd., Suite K	Clearwater, Florida 33765
			200011409282

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: X Bob R. Starnes, President 01/28/2003 727-449-1314
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2052

CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 913214 7207A

AUTHORIZATION :

COST LIMIT : $ 908.75

ORDER DATE : January 30, 2003

ORDER TIME : 11:37 AM

ORDER NO. : 913214-005

PLEASE FILE 1ST

CUSTOMER NO: 7207A

CUSTOMER: Belinda Giliberti, Paralegal
Mombach Boyle & Hardin, P.a.
Suite 1950
500 E. Broward Boulevard
Fort Lauderdale, FL 333943078

DOMESTIC FILINGS

NAME: PIPERS GLEN, INC.

RECEIVED
03 JAN 30 PM 1:02
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX ____ PLAIN STAMPED COPY
XX ____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight EX 1156

EXAMINER'S INITIALS _____