

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Kathleen Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000079892

1. Corporation Name

PM FINANCIAL GROUP, INC.

Principal Place of Business

Mailing Address

1480 AVE G AVE
WINTER HAVEN FL 33881

1480 AVE G AVE
WINTER HAVEN FL 33881

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 Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

09/15/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3469812

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	PFINGSTON, ROBERT	4578 REDWOOD ST	WINTER HAVEN FL 33880
D	CAPON, LARRY	1480 AVE G NE	WINTER HAVEN FL 33881
			000004695210--7 -11/27/01--01048--024 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PFINGSTON, ROBERT

1155 1ST STREET

WINTER HAVEN FL 33883

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. 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

Date

Daytime Phone #

Robert H Pfingston Pres 863-401-2600 10/29/01

292

Pm Financial Group, Inc
581 Ave. K. S.E.
Winter Haven, Fl. 33880

581 Ave K SE
Winter-Haven, FL 33880
863-401-2600

Life001@msn.com

October 15, 2001

Division of Corporations
Annual Report-Reinstatement section
P.O. Box 6327
Tallahassee, Fl. 32314-6327

Dear Sirs,

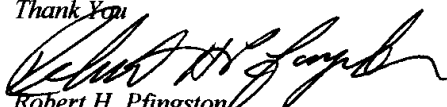
*I regretfully request that the attached check would reinstate
my corporation and all renewal penalties be abated.*

*We relocated in this past season and we didn't receive any
type of statements from the state.*

*You will notice that we remit all payments and documents
on a timely basis.*

*This was something that just didn't get to us and we are
sincerely sorry.*

Thank You


Robert H. Pfingston
President