

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

CORPORATION
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 FEB 11 PM 12:53

2002-2003 UBR

DOCUMENT # P97000104832

1. Corporation Name

Piller Swaford Group, Inc.

2. Principal Office Address

3907 Dunleer Ct

Suite, Apt. #, etc.

3. Mailing Office Address

(Same)

Suite, Apt. #, etc.

City & State

Tallahassee

City & State

Florida

Zip

Country

32309

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/12/97

5. FEI Number

59-3482292

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

2002-2003 UBR

7. Name and Address of Current Registered Agent

Name

Melinda Piller

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

3907 Dunleer Ct

Suite, Apt. #, Etc.

City

Tallahassee, Fla 32309

State
FL

Zip Code

700012319537

02/11/03--01077--001 **300.00

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

Melinda Piller

REGISTERED AGENT MUST SIGN

Date 2/11/03

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
PRES	Melinda Piller	3907 Dunleer Ct	Tall, FL 32309

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:

Melinda Piller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Melinda Piller

Date

2/11/03 850/
894-1491

Daytime Phone #

CR2E081 (9/01)

2/11/03 2052

To Whom It May Concern,

I did not respond to the 2002 Uniform Business Report because I did not receive the paper work in the mail. Please waive the penalty fee for this unfortunate circumstance.

Thank you,

Melinda Bell