

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **P98000061083**

1. Corporation Name

Cal W. Piper, Inc.

2. Principal Office Address

10656 SE 106 Ct.

3. Mailing Office Address

P.O. Box 103

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Candler FL

City & State

Candler, FL

Zip

**32111
FL**

Country

Zip

32111

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/10/98

5. FEI Number

YR 59-3523202

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

Cal W. Piper

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

10656 Southeast 106 Court

Suite, Apt. #, Etc.

City

Candler

State

FL

Zip Code

32111

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

Cal W. Piper

Date **11/16/00**

REGISTERED AGENT MUST SIGN

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
PST D	Cal W. Piper	10656 Southeast 106 Ct.	Candler, FL 32111

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:

Cal W. Piper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/16/00

Date

352-687-4626

Daytime Phone