

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 28 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000090229

1. Corporation Name

PCLG, INC.

Principal Place of Business

Mailing Address

~~3003 TAMiami TRAIL NORTH~~

3003 TAMiami TRAIL NORTH

~~NAPLES FL 33940~~

~~NAPLES FL 33940~~

8889 Pelican Bay Blvd., #500
Naples, FL 34108

8889 Pelican Bay Blvd., #500
Naples, FL 34108

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

8889 Pelican Bay Blvd.

Suite, Apt. #, etc.

500

City & State

Naples, FL

Zip

34108

Country

USA

3. New Mailing Office Address, If Applicable

8889 Pelican Bay Blvd.

Suite, Apt. #, etc.

500

City & State

Naples, FL

Zip

34108

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/23/1998

5. FEI Number

65-0870386

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	SHERMAN, BRUCE S	3003 TAMiami TRAIL NORTH	NAPLES FL 34103
D	COLLIER, MILES C	3003 TAMiami TRAIL NORTH	NAPLES FL 33940 <i>Delete</i>
ST D	JOYCE, DAVID G	3003 TAMiami TRAIL N	NAPLES FL 34103
VP D	POWERS, GREGG J	3003 TAMiami TRAIL N	NAPLES FL 34103
VP	NEFF, ROBERT W	3003 TAMiami TRAIL N	NAPLES FL 34103 <i>Delete</i>
8000008631778 10/28/02--01110--003 **750.00			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~PRIVATE CAPITAL MANAGEMENT, INC.~~

~~3003 TAMiami TRAIL NORTH~~

~~NAPLES FL 33940~~

Name

Lisa K. Gallagher

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

8889 Pelican Bay Blvd., #500

Suite, Apt. #, Etc.

Suite 500

City

Naples

State

FL

Zip Code

34108

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. or 617.0505, F.S.

Signature of
Registered Agent

Lisa K. Gallagher
REGISTERED AGENT MUST SIGN

Date

10/25/2002

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/25/02

Daytime Phone #

CR2E040 (8/02)