

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 NOV 26 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 217874

1. Corporation Name

PINEVIEW, INC.

2. Principal Office Address

1010 NW 52 STREET

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE FL

Zip

33309

Country

USA

3. Mailing Office Address

P.O. Box 23605

Suite, Apt. #, etc.

City & State

FT LAUDERDALE FL

Zip

33307

Country

USA

REINSTATEMENT

95-01

4. Date Incorporated or Qualified
To Do Business in Florida

12-5-1958

5. FEI Number

59-6067751

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

K. L. FIRESTONE

000004719940-1

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

1010 NW 52 STREET

12/12/01-01012-000

***1650.00 ***1650.00

Suite, Apt. #, Etc.

L8

City

FORT LAUDERDALE

State

FL

Zip Code

33309

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

X *K.L. Firestone*

REGISTERED AGENT MUST SIGN

Date

11-19-01

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	K.L. FIRESTONE	1010 NW 52 ST	FT. LAUD FL 33309
✓ V	D.M. FIRESTONE	1010 NW 52 ST	FT LAUD FL 33309

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:

K.L. Firestone

K.L. FIRESTONE (D) 11-19-01 954-771-3320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (9/00)