

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS



FILED

99 MAR 16 PM 3:49

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **J27112**

1. Corporation Name  
**PINEDA INN, INC.**

Principal Place of Business Mailing Address

6533 S US HWY 1  
 ROCKLEDGE FL 32955  
 US

6533 S HWY 1  
~~06 WILLARD STREET SUITE 302~~  
 ROCKLEDGE FL 32955  
 US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

**REINSTATEMENT**

08/05/1986

5. FEI Number **59-2717286**

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
-DP	SCHOFF, WALTER P	2080 HIGHLAND AVE	MELBOURNE FL 32940
DP	MARY M. WICKLUND	915 OSPREY DR.	MELBOURNE FL 32940
DV	JAMES BOWMAN	4263 N. HARBOR CITY BLVD.	MELBOURNE FL 32935
DS	LINNEA NICLAS	920 BEAUVERDALE LANE	ROCKLEDGE FL 32955
DT	JAMES J. HAMARA	278 MARION ST.	INDIAN HARBOR BCH, FL 32937
D	TERRY SALAMIS	4854 VERBNA CIRCLE	MELBOURNE FL 32940

8. Name and Address of Current Registered Agent

SCHOFF, WALTER P  
 6533 S HWY 1  
 SUITE 302  
 ROCKLEDGE FL 32955

9. Name and Address of New Registered Agent

Name **MARY M. WICKLUND**  
 Street Address (P.O. Box Number is Not Acceptable) **915 OSPREY DRIVE**  
 Suite, Apt. #, Etc

City **MELBOURNE** State **FL** Zip Code **32940**

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 *Mary M Wicklund*  
 REGISTERED AGENT MUST SIGN

Date **3/10/99**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No

(See other side for information on intangible tax.)

12. 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: **MARY M. WICKLUND** *Mary M Wicklund* 3/10/99 407-242-1352  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Do not Print)

C532547 (9/98)