

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY -6 AM 9:59

DOCUMENT # *N 24233*

1. Corporation Name

.Marion Pines Pioneers, Inc.

N 24233

900129481979
05/14/08--01041--031 **70.00

TS/S/8/08
CRZE081 (12/07)

2. Principal Office Address - No P.O. Box # 2828 N. E. 49th Avenue Suite, Apt. #, etc. Box 129 City & State Ocala , Florida Zip 34470		Country Marion		3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country	
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4. Date Incorporated or Qualified To Do Business in Florida	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Mary Basham

Street Address (P.O. Box Number is Not Acceptable)
2828 N.E. 49th Avenue

Suite, Apt. #, Etc.
Box 129

City
Ocala , Florida

State
FL

Zip Code
34470

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 *Mary Basham* REGISTERED AGENT MUST SIGN

Date *4/18/08*

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
PD	Richard Hebert	2828 N. E. 49th Ave. # 103	Ocala, Florida 34470
1stVP	Roland Hayes	2828 N. E. 49th Avenue # 145	Ocala , Florida 34470
2ndVP	Else Jones	2828 N. E. 49th Avenue # 91	Ocala, Florida 34470
SD	Mary Basham	2828 N. E. 49th Avenue # 129	Ocala , Florida 34470
TD	Gloria Green	2828 N. E. 49th Avenue #123	Ocala , Florida 34470
D	Don Koptic	2828 N.E. 49th Avenue # 135	Ocala , Florida 34470

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 contained in Chapter 119, 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 Basham* MARY BASHAM *4/18/08* 352-236-3998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #