

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

APPLICATION
 FOR
 REINSTATEMENT

DOCUMENT # **P98000042334**

1. Corporation Name

PINE SERVICES, INC.

Principal Place of Business

1001 BRICKELL BAY DR.
 STE #1910
 MIAMI FL 33131

Mailing Address

1001 BRICKELL BAY DR.
 STE #1910
 MIAMI FL 33131

REINSTATEMENT **J3**



800024715328

11/14/03 01074 024 **150.00

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

4. Date Incorporated or Qualified To Do Business in Florida

05/11/1998

5. FEI Number

65-0854779

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
PD	PINHEIRO, NELSON	1001 BRICKELL BAY DR., LOBBY LEV	MIAMI FL 33131
VPSD	PINHEIRO, NOBERTO N	1001 BRICKELL BAY DR., LOBBY LEV	MIAMI FL 33131
VP	PINHEIRO, MARCIA	1001 BRICKELL BAY DR. LOBBY LEVE	MIAMI FL 33131
VP	RODRIGUES, MARIA D	1001 BRICKELL BAY DR. LOBBY LEVE	MIAMI FL 33131

8. Name and Address of Current Registered Agent

FREEMAN, STEPHEN A
 520 BRICKELL KEY DRIVE 0-305
 MIAMI FL 33131

9. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc. _____
 City _____ State **FL** Zip Code _____

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

SIGNATURE

Date

REGISTERED AGENT MUST SIGN

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:

M Rodriguez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/03

Date

Daytime Phone #

CR2E040 (7/03)



PINE SERVICES, INC.

Miami, November 12, 2003

**Florida Department of State
Division of Corporations**

Re: **PINE SERVICES, INC.
FEIN# 65-0854779
Reinstatement fee**

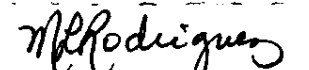
To Whom It May Concern:

Please have the reinstatement fee waived since we did not receive any prior UBR notices.

We do want keep PINE SERVICES, INC as an active company.

Should you have any question please call us at (305) 810.1219.

Sincerely,


MARIA RODRIGUES