

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **L28972**

1. Corporation Name

PIONEER SCREEN COMPANY, INC. II

Principal Place of Business

**1682 SW BILTMORE STREET
PORT ST. LUCIE FL 34953**

Mailing Address

**1682 SW BILTMORE STREET
PORT ST. LUCIE FL 34953**

If above addresses are incorrect in any way, line 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

4. Date Incorporated or Qualified
To Do Business in Florida

11/09/1988

5. FEI Number

65-0165883

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **STATE ADDITIONAL FEE REQUIRED FOR CERTIFICATE OF STATUS**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PO	NEWMAN, MICHAEL J	1850 SW SUCCESS STREET	PT. ST. LUCIE FL 34953

8. Name and Address of Current Registered Agent

**NEWMAN, MICHAEL J.
1850 SW SUCCESS STREET
PT. ST. LUCIE FL 34953**

9. Name and Address of New Registered Agent

Name

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

126 SE Adams Court

Suite, Apt. #, Etc.

Port St Lucie

State

Zip Code

FL 34984

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

REGISTERED AGENT MUST SIGN

Date

11-18-02
10-28-02

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., 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone Number

11-18-02

CR2E040 (8/02)