

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F00000006515

1. Corporation Name

PYRAMID INVESTMENTS, INC.

Principal Place of Business

1834 S.E. 5TH STREET
CAPE CORAL FL 33990

Mailing Address

1834 S.E. 5TH STREET
CAPE CORAL FL 33990

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

11/22/2000

5. FEI Number

38-2952334

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
PCD	HUNT, AUDREY	1834 S.E. 5TH STREET	CAPE CORAL FL

300008591543
10/25/02--01046--002 **150.00

02 UBR

8. Name and Address of Current Registered Agent

HUNT, AUDREY
1834 S.E. 5TH STREET
CAPE CORAL FL 33990

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 AgentSIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10-22-02

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., 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)(l), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-22-02

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Florida Department of State

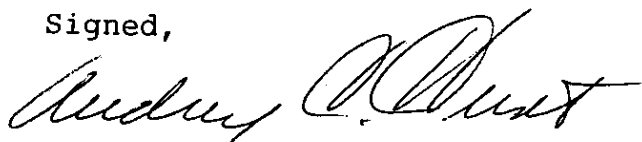
TO: KATHY ASHTON
DOCUMENT SPECIALIST

RE: Letter Number: 002A00059411

November 5, 2002

I have never received the UBR Forms that were mailed to me. I did not know they needed to be filed by January. This was my first year in business in Florida.

Signed,



Audrey C. Hunt
Pyramid Investments, Inc.