

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 APR 23 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F95000005821

1. Corporation Name

Pine Island Investment Holdings, Inc.

9 East Loockerman Street., Suite 1B

Dover, DE 19901

2. Principal Office Address

9 E. Loockerman St.

Suite, Apt. #, etc.

Suite 1B

City & State

Dover, DE

Zip

19901

Country

USA

3. Mailing Office Address

9 E. Loockerman St.

Suite, Apt. #, etc.

Suite 1B

City & State

Dover, DE

Zip

19901

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/29/95

5. FEI Number

13-3860407

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

NRAI Services, Inc.

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

526 E. Park Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

BY: Alison Hand - Asst. Secy

Date 4/23/03

REGISTERED AGENT MUST SIGN

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
Dir. V.P.	Roland Hennessey	9 E. Loockerman St., Suite 1B	Dover, De 19901
Pres.	Joel Mallin	9 E. Loockerman St., Suite 1B	Dover, De 19901
Tres.	Scott C. Dunn	9 E. Loockerman St., Suite 1B	Dover, DE 19901
Sect.	Dali Islam	9 E. Loockerman St., Suite 1B	Dover, DE 19901
Asst. Sect.	Susan Clark	9 E. Loockerman St., Suite 1B	Dover, DE 19901

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 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:

Susan Clark

Susan Clark, Asst. Sect.

203-359-0722

4/21/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

C0N208