

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

97 APR -9 AM 10:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION FOR <b>93-97</b> REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	--

DOCUMENT # H95226

1. Corporation Name

Pier Peddler, Inc.

Principal Place of Business

Mailing Address

1000 Estero Boulevard  
Fort Myers Beach, FL  
33931

1000 Estero Boulevard  
Fort Myers Beach, FL  
33931

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

January 22, 1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2663708

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P/D	Jose Cereceda	1000 Estero Boulevard	Fort Myers Beach, FL 33931
			900002140799--5
			-04/11/97--01090--011
			***1418.75 ***1418.75

REINSTATEMENT **93-97**

4-9-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Jose Cereceda  
1000 Estero Boulevard  
Fort Myers Beach, FL 33931

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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.

Signature of  
Registered Agent

*Jose Cereceda* AKA *Jose Cereceda*  
REGISTERED AGENT MUST SIGN

Date 4/6/97

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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:

*Jose Cereceda*

Jose Cereceda

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/97

Date

941-765-0660

Daytime Phone #

CR2E040 (12/96)