

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 MAR 16 PM 3:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J27112

1. Corporation Name

PINEDA INN, INC.

Principal Place of Business

6533 S US HWY 1  
ROCKLEDGE FL 32955  
US

Mailing Address

6533 S HWY 1  
65 WALLARD STREET SUITE 302  
ROCKLEDGE FL 32955  
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

08/05/1986

5. FEI Number

59-2717286

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)

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
DP	SCHOFF, WALTER P	2080 HIGHLAND AVE	MELBOURNE FL 32940
DP	MARY M. WICKLUND	915 OSPREY DR.	MELBOURNE FL 32940
DV	JAMES BOWMAN	4263 N. HARBOR CITY BLVD.	MELBOURNE FL 32935
DS	LINNEA NICLAS	920 BEAVERDALE LANE	ROCKLEDGE FL 32955
DT	JAMES J. HAMARA	278 MARION ST.	INDIAN HARBOR BCH. FL 32937
D	TERRY SALAMIS	4854 VERBNA CIRCLE	MELBOURNE FL 32940

8. Name and Address of Current Registered Agent

SCHOFF, WALTER P  
6533 S HWY 1  
SUITE 302  
ROCKLEDGE FL 32955

9. Name and Address of New Registered Agent

Name  
MARY M. WICKLUND  
Street Address (P.O. Box Number is Not Acceptable)  
915 OSPREY DRIVE  
Suite, Apt. #, Etc

City  
MELBOURNE

State Zip Code  
FL 32940

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

Mary M. Wicklund

Date 3/10/99

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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: MARY M. WICKLUND

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary M. Wicklund 3/10/99 407-242-1352