

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 NOV 14 AM 8:00

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 US HWY 1  
ROCKLEDGE FL 32955  
US

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

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	BOWMAN, JAMES	4263 NORTH HARBOR CITY BLVD.	MELBOURNE FL 32935
VD	BOX, DEBORAH	173 EAST EXETER STREET	SATELLITE BEACH FL 32937
DTS	MILES, KENNETH	1965 BARKLEY AVENUE	MELBOURNE FL 32935
TD	HAMARA, JAMES J	378 MARION ST	INDIAN HARBOR BEACH FL 32937
D	SALAMIS, TERRY	4854 VERONA CIRCLE	MELBOURNE FL 32940
300024704143 11/14/03--01031--017 **750.00			

8. Name and Address of Current Registered Agent

HAMARA, JAMES J  
11 BARBARA COURT  
SATELLITE BEACH FL

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 Agent

*James J. Hamara*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

11/9/03

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)(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:

*James J. Hamara*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/9/03 321-693-4976

CH2E040 (7/03)