

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

DOCUMENT # K32116

1. Corporation Name

Pine Tree Development Corporation
of Fort Lauderdale, Florida

98 JUN 19 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

23 Clinton Ct. S.
PALM COAST Fla. 32137

REINSTATEMENT

96-98
AD

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

8-31-88

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0165858

Applied For

Not Applicable

Palm Coast

City & State

Zip

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	PAT Johnson	23 Clinton Ct. S.	Palm Coast Fl. 32137
D	Beardenn Riggs	49 Florida Park Dr.	Palm Coast Fl 32137
D	Tawnya Johnson	37 Fountain Gate Ln.	Palm Coast Fl 32137
			200002570082--2 -06/23/98--01090--004 *****8.75 *****8.75
			200002570082--2 -06/23/98--01090--004 ***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

PAT Johnson
23 Clinton Ct. S.
PALM COAST, FL. 32137

9. Name and Address of New Registered Agent

Name: Kenneth S. Johnson
Street Address (P.O. Box Number is Not Acceptable): 23 Clinton Ct. S.
Suite, Apt. #, Etc.:
PALM COAST
State: FL Zip Code: 32137

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: Kenneth S. Johnson
REGISTRED AGENT MUST SIGN

Date: 6/15/98

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: PAT Johnson - PAT Johnson 6-15-98 904-445-6549
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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