

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

03 OCT 17 AM 10:48

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **K41226**

1. Corporation Name

COUNTRY PINE, INC.

Principal Place of Business

1240 NEWPORT CENTER DRIVE
 DEERFIELD BEACH FL 33442
 US

Mailing Address

1240 NEWPORT CENTER DRIVE
 DEERFIELD BEACH FL 33442
 US



REINSTATEMENT 03

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

10/26/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0080136

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	MOLYNEUX, BERNARD	1009 ISLAND DRIVE	DELRAY BEACH FL 33483
		1240 E Newport Center Drive Deerfield Beach FL 33442	- use as his address also
			700023870697 10/17/03--01019--021 **750.00

8. Name and Address of Current Registered Agent

MOLYNEUX, BERNARD
 1240 NEWPORT CENTER DRIVE
 DEERFIELD BEACH FL 33442

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of Registered Agent

B. Molyneux
 REGISTERED AGENT MUST SIGN

Date 10/14/03

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:

B. Molyneux
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/03
 Date

9544811917
 Daytime Phone #

CR2E040 (7/03)