

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR -7 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L50161

1. Corporation Name

Pine Street Partners, Inc.

2. Principal Office Address
4606 Wadham Lane

3. Mailing Office Address
c/o Paul Young, 50 N. Laura Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 3900

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

Zip
32210

Country
US

Zip
32202

Country
US

**4. Date Incorporated or Qualified
To Do Business in Florida 2/12/90**

5. FEI Number
650176404

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Intrastate Registered Agent Corporation

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

Suite, Apt. #, Etc.
Suite 3000

City
Miami

State
FL

Zip Code
33131-3209

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

James F. Ma Vice President
REGISTERED AGENT MUST SIGN

Date 2/27/04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSD	Augustus H. Adams, III	4606 Wadham Lane	Jacksonville, FL 32210

10. 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:

A.H. Adams III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/04
Date

904.389.1733
Daytime Phone #

CR2E081 (01/04)