

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 AUG -6 AM 4:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L 59770

1. Corporation Name

BRISTLE PINE HOMES, INC

300004554863--0

-08/24/01--01038--017

\*\*\*1208.75 \*\*\*1208.75

2. Principal Office Address

2388 Palm Harbor Drive

Suite, Apt. #, etc.

3. Mailing Office Address

2388 Palm Harbor Drive

Suite, Apt. #, etc.

City & State

Palm Bch Gardens FL

Zip 33410

Country

US

City & State

Palm Bch Gardens FL

Zip

33410

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

3/20/1990

5. FEI Number

65-0463943

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

Fred Gordon

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

2388 Palm Harbor Drive

Suite, Apt. #, Etc.

City

Palm Bch Gardens

State  
FL

Zip Code

33410

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

7/31/01

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
P	Fred Gordon	2388 Palm Harbor Drive Palm Bch Gardens FL	33410
	1050.00 - Adm		
	61.25 - AR		
	88.75 - ARsupp		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/01  
Date

561 627 3154  
Daytime Phone #

CR2E081 (9/00)