

APPLICATION
FOR
REINSTATEMENT



Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name Piney Wood Construction, Inc.
12525 Orange Avenue
FT. Pierce, Fla 34945

Principal Place of Business
12525 Orange Ave.
Ft. Pierce, Fla.
34945

Mailing Address
12225 Orange Ave
Ft. Pierce, Fla
34945

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

91-98
00

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

8/20/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For
Not Applicable

City & State

City & State

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
P	Robert D. Smith	12525 Orange Ave. Ft. Pierce, Fla 34945	Ft. Pierce, FL 34945
V	David A. Smith	12525 Orange Ave.	Ft. Pierce, FL 34945
S	Mary E. Smith	12525 Orange Ave.	Ft. Pierce, FL 34945
T	Robert D. Smith	12525 Orange Ave.	Ft. Pierce, FL 34945
			500002698675--7 -12/01/98--01034--015 ***1711.25 ***1711.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name Robert D. Smith
Street Address (P.O. Box Number is Not Acceptable)
16525 Orange Avenue
Suite, Apt. #, Etc.

City Fort Pierce State FL Zip Code 34945

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

Robert D. Smith
REGISTERED AGENT

REGISTERED AGENT MUST SIGN

Date 11/19/18

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)(f), 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:

is true and accurate, and my signature shall have

Robert D. Smith
ROBERT D. SMITH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-10-98

Date _____

561-460-6834

Daytime Phone # _____

CP2E040 (1/98)