

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

01 NOV -9 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000001377

1. Corporation Name

PINE GROVE COMMUNITY & RURAL DEVELOPMENT CORPORATION

Principal Place of Business

Mailing Address

14390 W HWY #326
MORRISTON FL 32668

14390 W HWY #326
MORRISTON FL 32668

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

02/25/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3630391

Not Applicable

Zip

Country

Zip

Country

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/D	CHESTER PULLINGS	14390 HWY W #326	MORRISTON, FL 32668
D/P	JAMES LUCKEY "D"	1815 N.W. 24th CT	DCAIA, FL 34475
D/P	NATHANIEL MCREEVER	11191 NW HWY 464B	DCAIA, FL 34482
S/D	GRACIE LUCKEY "D"	1815 N.W. 24th CT	DCAIA, FL 34475
T/D	CAROLYN JOHNSON	8335 N.W 145th RD	MORRISTON, FL 32668

08/29/01 90010 045 \$61.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PULLINGS, CHESTER
14390 W HWY #326
MORRISTON FL 32668

Name

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

Suite, Apt. #, Etc.

City

500004703325-8
-12/04/01-01013-004

****175.90 2633175.00

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.

Signature of
Registered Agent

Chester Pullings

REGISTERED AGENT MUST SIGN

Date 10-17-01

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:

Chester Pullings - CHESTER Pullings 10-17-01 (352) 629-2603

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (8/01)