

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

02 SEP 20 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N00 000008243

1. Corporation Name  
Pine Islands I & II Resident  
Council, Inc.

200007982392--6

-09/24/02--01042--021

\*\*\*\*297.50 \*\*\*\*297.50

2. Principal Office Address

26853 S.W. 128 Ave

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

MIAMI, FL 33032

City & State

MIAMI, FL 33032

Zip

33032

Country

USA

Zip

33032

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0270924

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

Betty Mullins

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

26853 S.W. 128 AVE

Suite, Apt. #, Etc.

N/A

City

MIAMI

State

FL

Zip Code

33032

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

Betty Mullins  
REGISTERED AGENT MUST SIGN

Date

9/3/02

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
PD	Betty Mullins -	26853 S.W. 128 Ave -	MIAMI FL 33032
VAD	Helen Madison	26850 S.W. 128 Ave	MIAMI FL 33032
SD	Charlene Dicks	12801 S.W. 268 St	MIAMI FL 33032

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:

Betty Mullins  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/3/02  
Date

305-2586295  
Daytime Phone #

CR2E081 (9/01)

9/5/2002