

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

15 APR -7 PM 12:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** N07000011862  
1. Corporation Name  
**PINECASTLE COMMERCIAL LOT 29 ASSOCIATION, INC.**

2. Principal Office Address - No P.O. Box # <b>1700 HOFFNER AVE</b>		3. Mailing Office Address <b>P.O. Box 593108</b>	
City & State <b>Orlando, FL</b>		City & State <b>Orlando, FL</b>	
Zip <b>32809</b>	Country <b>USA</b>	Zip <b>32809</b>	Country <b>USA</b>

4. Date Incorporated or Qualified To Do Business in Florida  
**December 11, 2007**

5. FEI Number  
**753263541**

6. CERTIFICATE OF STATUS DESIRED  
**REINSTATEMENT**

\$575 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
**John W. Bitterman, III**

Street Address (P.O. Box Number is Not Acceptable)  
**1700 HOFFNER AVE**

City  
**Orlando**


State  
**FL**

Zip Code  
**32809**

**APR - 8 2015**

**400271506774**  
**04/07/15--01027--005 \*\*\*603.75**

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  **REGISTERED AGENT MUST SIGN**

Date **3-27-2015**

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
PO	JOHN W BITTERMAN	1702 HOFFNER AVE	ORLANDO FL 32809
VD	KALEY BITTERMAN	1702 HOFFNER AVE	ORLANDO FL 32809
SD	DEBORAH BITTERMAN	1702 HOFFNER AVE	ORLANDO FL 32809

**APR - 8 2015**

**REINSTATEMENT** **2009-2015**

10. E-mail Address: **JAKE@OMNILEASING.COM**  
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.165, F.S.

SIGNATURE:  **JOHN W BITTERMAN III** **3-27-2015** **407-851-5859**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #