

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 NOV -8 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N08971*

1. Corporation Name

PINEWOOD MOBILE ASSOCIATION, INC.

2. Principal Office Address

10441 GANDY BLVD

Suite, Apt. #, etc.

City & State

ST PETERSBURG FL

Zip

33716

Country

PINELLAS

3. Mailing Office Address

10646 POPLAR ST NE

Suite, Apt. #, etc.

City & State

ST PETERSBURG FL

Zip

33716

Country

PINELLAS

REINSTATEMENT *01-02*

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2669973

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

ROBERT KEMNETZ

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

10646 POPLAR ST NE

Suite, Apt. #, Etc.

000008885520

*11/08/02--01019--010 **297.50*

City

ST PETERSBURG

State

FL

Zip Code

33716

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

Robert Kemnetz

REGISTERED AGENT MUST SIGN

Date

April 2002

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
PRES-D	ROBERT KEMNETZ	10646 POPLAR ST NE	ST PETERSBURG FL 33716
V. PRES	W ^{III} SHERTZER	10910 WALNUT ST NE	ST PETERSBURG FL 33716
TRES-D	DEBORAH FAHEY	10948 WALNUT ST NE	ST PETERSBURG FL 33716
SEC-D	KYLE DERRICK	10992 POPLAR ST NE	ST PETERSBURG FL 33716

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:

Robert Kemnetz

ROBERT KEMNETZ

APR 1 2002

727 4482670

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)