

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

12 JAN -3 PM 4:37

DOCUMENT # **N09000007574**

1. Corporation Name

**PIONEERS MAGAZINE INC.**

2. Principal Office Address - No P.O. Box #

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**631 BAY ST.**

**APT C**

**DUNEDIN, FL.**

**34698**

**USA**  
**BRITAIN**

**REINSTATEMENT**

**10-11**

4. Date Incorporated or Qualified  
To Do Business in Florida

**Aug 05, 2009**

5. FEI Number

**27-0639534**

☒ 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

**FREDDIE J. TAYLOR III**

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

**631 BAY ST.**

Suite, Apt. #, Etc.

**APT C**

City

**DUNEDIN**

State

**FL**

Zip Code

**34698**

**300215815483**  
**01/03/12--01042--004 \*\*\*306.25**

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date **12-27-2011**

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
President	FREDDIE J. TAYLOR III	631 BAY ST. APT C.	DUNEDIN, FL. 34698
V.P.	TREVON L. HOWARD	1585 S. MADISON AVE.	CLEARWATER, FL. 33775

10. E-mail Address: **FRED@2003@HOTMAIL.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.817.155, F.S.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**12-27-2011**

Date

Daytime Phone #

*1130w*