

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 FEB 20 PM 3:09

DOCUMENT # *N 14021*

1. Corporation Name

PINE Forest Industrial Park owners ASSOC. INC.

2. Principal Office Address

% Darby KENNIFF

Suite, Apt. #, etc.

1916 E. AVERY ST

City & State

PENSACOLA, FL

Zip

32503

Country

USA

3. Mailing Office Address

% Darby KENNIFF

Suite, Apt. #, etc.

1916 E. AVERY ST.

City & State

PENSACOLA, FL

Zip

32503

Country

USA

REINSTATEMENT *89-01*

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/26/1986

5. FEI Number

59-3653538

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

Darby KENNIFF

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

1916 E. AVERY ST.

Suite, Apt. #, Etc.

000003790080--0

-02/28/01--01095--008

*****971.25 ****971.25*

City

PENSACOLA

State

FL

Zip Code

32503

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

Darby Kenniff

REGISTERED AGENT MUST SIGN

Date *2/16/01*

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	Darby KENNIFF	1916 E. AVERY ST.	PENSACOLA, FL 32503
VD	Doug Howie	14645 INNERARITY RD	PENSACOLA, FL 32507
STD	Butch WARDEN	90 SWS ENVIRONMENTAL 1783 W. 9 MILE RD	PENSACOLA, FL 32534

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:

Darby Kenniff

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/01

Date

850-477-7044

Daytime Phone #