


H02000186518 5

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS		02 AUG 26 PM 3:22 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # N98000004365					
1. Corporation Name Pine Street C.O.G.I.C. Incorporated					
2. Principal Office Address P. O. Box 442 Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number 59-3365550 <div style="display: flex; justify-content: space-between;"> Applied For Not Applicable </div> 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
City & State Starke, FL		City & State 			
Zip 32091	Country USA	Zip 	Country 		
7. Name and Address of Current Registered Agent					
Name Derrick L. Mercer, Sr.					
Street Address (P.O. Box Number is Not Acceptable) 159 Herman Drive					
Suite, Apt. #, Etc. 					
City Hawthorne,		State FL		Zip Code 32640	
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 <u>Derrick L. Mercer</u> Date <u>8/26/02</u> <div style="text-align: center;">REGISTERED AGENT MUST SIGN</div>					
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		
D	Derrick L. Mercer, Sr.	159 Herman Drive	Hawthorne, FL 32640		
D	Melinda R. Mercer	159 Herman Drive	Hawthorne, FL 32640		
D	Boyzie Perry	1003 Pine Street	Starke, FL 32091		
D	Shirley Crum	999 Old Lawtey Road	Starke, FL 32091		
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)(b), 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: <u>Derrick L. Mercer</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		8/26/02 Date		407-841-1550 Daytime Phone #	

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All Attachment

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08/28/2002 15:33 FAX 407 841 8746

ARNOLD, MATHENY, & EAGAN,

001/002
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Division of Corporations

#. 119800000 4365

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : ARNOLD MATHENY & EAGAN, P.A.
Account Number : I20000000141
Phone : (407)841-1550
Fax Number : (407)841-8746

CORPORATION REINSTATEMENT

PINE STREET C.O.G.I.C. INCORPORATED

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$306.25