

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN -2 PM 12:19

DOCUMENT # P00000023395

1. Corporation Name

PINCHER, INC.

Principal Place of Business

1207 HOLLYWOOD BOULEVARD
HOLLYWOOD FL 33009

Mailing Address

1207 HOLLYWOOD BOULEVARD
HOLLYWOOD FL 33009



REINSTATEMENT

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

510 BEAR ROAD

3. New Mailing Office Address, If Applicable

510 BEAR ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE PLACID FL

City & State

LAKE PLACID FL

Zip

33852

Country

HIGHLANDS

Zip

33852

Country

HIGHLANDS

4. Date Incorporated or Qualified
To Do Business in Florida

03/07/2000

5. FEI Number

65-0994135

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	DONOGHUE, THOMAS	1207 HOLLYWOOD BOULEVARD 510 BEAR ROAD	HOLLYWOOD FL 33009 LAKE PLACID FL 33852 300004769023--2 -01/11/02--01037--019 ****750.00 ****750.00 12/27/02

8. Name and Address of Current Registered Agent

HECHT, ALAN R
1207 HOLLYWOOD BOULEVARD
HOLLYWOOD FL 33009

9. Name and Address of New Registered Agent

Name

T. F. A. DONOGHUE

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

510 BEAR ROAD

Suite, Apt. #, Etc.

City

LAKE PLACID

State

FL

Zip Code

33852

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Thomas Donoghue
REGISTERED AGENT MUST SIGN

Date

12/27/01

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., 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.

THOMAS DONOGHUE

SIGNATURE:

Thomas Donoghue
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/27/01

Daytime Phone #

CR2E040 (801)