

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 JAN 27 PM 12:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 1000006983

1. Corporation Name

Pinewood Professional Centre

2. Principal Office Address

100 Plantation Rd

Suite, Apt. #, etc.

Ste A

City & State

PERRY FL

Zip

32348

Country

U.S.

3. Mailing Office Address

100 Plantation Rd

Suite, Apt. #, etc.

Ste A

City & State

PERRY FL

Zip

32348

Country

U.S.

12-19-03 01/04/01 \$150.00  
03-05  
**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

2001

5. FEI Number

01-0650784

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

Cynthia M. Hutchins

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

100 Plantation Rd

Suite, Apt. #, Etc.

Ste A

City

PERRY

State

FL

Zip Code

32348

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

Cynthia M. Hutchins

REGISTERED AGENT MUST SIGN

Date

1/26/2005

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	Kenneth B. Hutchins	100 Plantation Rd Ste A	Perry FL 32348
Sec/PRES	Cynthia Hutchins	100 Plantation Rd Ste A	Perry FL 32348

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: Cynthia Hutchins  
Cynthia M. Hutchins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/26/2005

Daytime Phone #

850-584-6006

CR2E081 (01/04)