

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY -6 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *PO 200000 8580*

1. Corporation Name

Active Assets of Pinellas Inc

2. Principal Office Address

P.O. BOX 202

3. Mailing Office Address

P.O. BOX 202

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OZONA FL

City & State

OZONA FL

Zip

34660

Country

USA

Zip

34660

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/15/02

5. FEI Number

75-2977190

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

03-04

7. Name and Address of Current Registered Agent

Name

DEBORAH RIBECA

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

103 DRIFTWOOD DR. W.

900035559029

*05/06/04--01023--003 **900 00*

Suite, Apt. #, Etc.

City

PALM HARBOR

State

FL

Zip Code

34660

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

Deborah C. Ribeca

Date

4.27.04

REGISTERED AGENT MUST SIGN

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 |
|----------|--------------------------------------|---|-----------------------------|
| <i>P</i> | <i>DEBORAH RIBECA</i> | <i>103 DRIFTWOOD DR. W</i> | <i>PALM HARBOR FL 34660</i> |
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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:

Deborah C. Ribeca *DEBORAH C. RIBECA*

Date

4.27.04

Daytime Phone #

(727) 798.9338

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR