

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 31 AM 9:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000040654

1. Corporation Name

PIONEER MANAGEMENT CORPORATION

Principal Place of Business

131 SEA ISLE CIRCLE  
SOUTH DAYTONA FL 32119

Mailing Address

131 SEA ISLE CIRCLE  
SOUTH DAYTONA FL 32119

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

2. New Principal Office Address, If Applicable

3032 VICTORY PALM  
Suite, Apt. #, etc.

City & State

EDGEWATER, FL.

Zip

32141

Country

VOLUSIA

3. New Mailing Office Address, If Applicable

P.O. Box 1174  
Suite, Apt. #, etc.

City & State

EDGEWATER, FL.

Zip

32132

Country

VOLUSIA

REINSTATEMENT

03

4. Date Incorporated or Qualified  
to Do Business in Florida

04/15/2002

5. FEI Number

39-1443759

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
ESID.	RICHARD A. RUVO	3032 VICTORY PALM	EDGEWATER, FL. 32141
SECRET	ARLENE A. RUVO	" "	" "
REAS.			

100024338361  
10/31/03--01081--008 \*\*750.00

8. Name and Address of Current Registered Agent

BARKIN, MARSHALL H ESQ.  
149 S. RIDGEWOOD AVENUE  
SUITE 710  
DAYTONA BEACH FL 32114

9. Name and Address of New Registered Agent

Name  
RICHARD A. RUVO  
Street Address (P.O. Box Number is Not Acceptable)  
3032 VICTORY PALM - P.O. BOX 1174  
Suite, Apt. #, Etc.  
City  
EDGEWATER  
State  
FL  
Zip Code  
32132

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. or 617.0505, F.S.

Signature of  
Registered Agent

RICHARD RUVO  
REGISTERED AGENT MUST SIGN

Date 10/26/03

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.

RICHARD A. RUVO

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)