

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JUL 14 AM 7:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000056166

1. Corporation Name

PEE WEE PROPERTIES, INC.

1095 RAINTREE CT  
1095 RAINTREE CT

2. Principal Office Address  
1095 RAINTREE CT

3. Mailing Office Address  
1095 RAINTREE CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
NORTH PALM BEACH, FL

City & State  
NORTH PALM BEACH, FL

Zip Country  
33408 USA

Zip Country  
33408 USA

4. Date Incorporated or Qualified  
To Do Business in Florida 05/20/2002

5. FEI Number  
260064648

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  
CARSWELL, STEVE

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

Suite, Apt. #, Etc.

City  
NORTH PALM BEACH

State Zip Code  
FL 33408

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

REGISTERED AGENT MUST SIGN

Date 07/02/2004

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	CARSWELL, STEVE	929 LAUREL ROAD	NORTH PALM BEACH, FL 33408

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/02/2004

Date

561-627-9306

Daytime Phone #

CR2E081 (07/04)

July 2, 2004

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

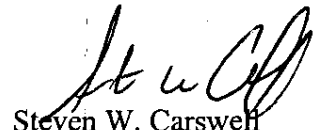
Re: Corporation Reinstatement  
Document No. P02000056166

To Whom It May Concern:

Enclosed in an application for reinstatement. My company never received the original for to file.

We have enclosed the requested fee of \$ 150.00. Thank you.

Sincerely,



Steven W. Carswell  
President

SC/tj