

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000058241

1. Corporation Name

Pentacost Investments Inc.

2. Principal Office Address - No P.O. Box #

2365 nw 182 terr

Suite, Apt. #, etc.

City & State

Miami Gardens Florida

Zip

33056

Country

usa

3. Mailing Office Address

2365 nw 182 terr

Suite, Apt. #, etc.

City & State

Miami Gardens Florida

Zip

33056

Country

usa

7. Name and Address of Current Registered Agent

Name

Warrick Norman

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

2365 nw 182 terr

Suite, Apt. #, Etc.

miami

City

Miami Gardens

State

FL

Zip Code

33056

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

Warrick Norman

REGISTERED AGENT MUST SIGN

Date 07/10/2011

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	Russell L. Norman	2365 NW 182 Terr.	Miami Florida 33056
VP	Robert Hemingway	4011 NW 187 Terr.	Miami Florida 33055
Tres.	Helen H. Norman	2365 NW 182 Terr.	Miami Florida 33055

10. E-mail Address: CARDIOUS7@AOL.COM

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Russell L. Norman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

07/10/2011

Daytime Phone #

FILED

11 JUL 26 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

09-11

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5/19/2003

5. FEI Number

11-3751987

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

200210375832
07/26/11--01013--001 **1050.00