

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P04000038849

1. Corporation Name

T.R. Pinder, Inc.

2. Principal Office Address

1578 Roble Lane

Suite, Apt. #, etc.

City & State

Deltona, FL

Zip

32738

Country

Voluisa

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida 02/23/2004

5. FEI Number

☒ 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

Anita Torres

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

1578 Roble Lane

Suite, Apt. #, Etc.

City

Deltona

State

FL

Zip Code

32738

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

*Tyrone R. Pinder*  
REGISTERED AGENT MUST SIGN

Date

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
PD	Tyrone R. Pinder	1578 Roble Lane	Deltona, FL 32738
VS	Florence Brown	1578 Roble Lane	Deltona, FL 32738
	<i>[Signature]</i>		

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 contained in Chapter 119, 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:

*Tyrone R. Pinder*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

January 6, 2006

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

Attn: Reinstatement Department

To Whom It May Concern:

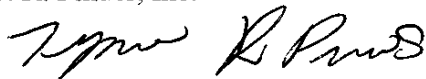
T. R. Pinder, Inc. has been administratively dissolved due to our failure to complete our 2005 Annual Report. The Annual Report process is new to our organization. We were not aware of the filing requirement. To the best of our knowledge we did not receive communication from the Department of State explaining the process. We may have overlooked the communication by not understanding what to look for.

T. R. Pinder, Inc. formally request reinstatement. We have include the 2005 Annual Report filing fee of \$150 and 2006 Annual Report filing fee of \$150.

Please contact Tyrone R. Pinder, President, with questions.

Sincerely,

Tyrone R. Pinder, President  
T. R. Pinder, Inc.

A handwritten signature in black ink, appearing to read "Tyrone R. Pinder", is written over the printed name.