

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

09 APR 22 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/08)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO4 000159011

1. Corporation Name

Jose D. Pineda INC.

2. Principal Office Address - No P.O. Box # 2719 W. Tharpe St. 3. Mailing Office Address 2719 W. Tharpe St.

Suite, Apt. #, etc. #24 Suite, Apt. #, etc. #24

City & State Tallahassee, FL City & State Tallahassee, FL

Zip 32303 Country U.S. Zip 32303 Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 331155190 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 Jose Pineda
Street Address (P.O. Box Number is Not Acceptable) 2719 W. Tharpe St.
Suite, Apt. #, Etc. #24
City Tallahassee State FL Zip Code 32303

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 [Signature] Date 04-22-09
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
<u>P</u>	<u>Jose D Pineda</u>	<u>2719 W Tharpe St.</u>	<u>Tallahassee, FL 32303</u>

REINSTATEMENT
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04/23/09--01002--004 **450.00

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: [Signature] Jose Pineda Date 04-22-09 Daytime Phone # (850) 933 9168
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR