

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN 20 PM 1:16

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000133760

1. Corporation Name

PINHEIRO GENERAL SERVICES, INC.

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

4258 LEO LANE

Suite, Apt. #, etc.

140

City & State

PALM BEACH GARDENS, FL

Zip

33410

Country

PALM BEACH

3. Mailing Office Address

4258 LEO LANE

Suite, Apt. #, etc.

140

City & State

PALM BEACH GARDENS, FL

Zip

33410

Country

PALM BEACH

4. Date Incorporated or Qualified
To Do Business in Florida

09/29/2005

5. FEI Number
20-3572476

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

ORLANDO PINHEIRO

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

4258 LEO LANE

Suite, Apt. #, Etc.

140

City

PALM BEACH GARDENS, FL

State

FL

Zip Code

33410

☒ 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

Orlando S. Pinheiro
REGISTERED AGENT MUST SIGN

Date **01/12/2010**

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	ORLANDO PINHEIRO	4258 LEO LANE #140	PALM BEACH GARDENS, FL 33410

000166675780
01/20/10--01004--004 **300.00

10. E-mail Address: **PINHEIROORLANDO2008@HOTMAIL.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., 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

SIGNATURE:

Orlando S. Pinheiro
ORLANDO PINHEIRO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **01/12/2010** (561) 889-7701

Daytime Phone #