

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 APR -9 PM 1:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P06000045015

1. Corporation Name

Pino Tree Services, Inc

REINSTATEMENT 07-08

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

2157 NW 79 Ave

Suite, Apt. #, etc.

3. Mailing Office Address

2157 NW 79 Ave

Suite, Apt. #, etc.

City & State

Doral, Fl

Zip

33122

Country

USA

City & State

Doral, Fl

Zip

33122

Country

USA

CR2E081 (12/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

03/28/2006

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

Rachel Arias

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

2157 NW 79 Ave

Suite, Apt. #, Etc.

City

Doral, Fl

State

FL

Zip Code

33122

☒ 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

*Rachel Arias*

REGISTERED AGENT MUST SIGN

Date 4-8-08

**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
Pdent	Rachel Arias	2157 NW 79 Ave	Doral, Fl, 33122
			100122716221
			04/09/08 01012 015 **300.0

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:

*Rachel Arias*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-08

Date

786 357 4011

Daytime Phone #

jc 4/9