

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 NOV 14 PM 1:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000069962

1. Corporation Name

PINAR FARMS, INC

2. Principal Office Address

2213 N. Boulevard West

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

DAVENPORT, FL.

City & State

Zip

33837

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (12/05)

04-06

**7. Name and Address of Current Registered Agent**

Name

LUIS A. ACOSTA

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

2213 N. Boulevard West

Suite, Apt. #, Etc.

City

DAVENPORT

State

FL

Zip Code

33837

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 11-7-06

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<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip   |
|--------|--------------------------------------|---|----------------------|
| PD     | ACOSTA, Luis, A.                     | 2213 N. Boulevard West                            | DAVENPORT, FL. 33837 |
| VP     | ACOSTA, JUSTO, J.                    | 2213 N. Boulevard West                            | DAVENPORT, FL. 33837 |
|        |                                      |   |                      |
|        |                                      |   |                      |
|        |                                      |   |                      |
|        |                                      |   |                      |

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11/14/06--01049--025 \*\*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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-7-06

Date

863-421-3100

Daytime Phone #



*Felipe R. Ruiz*  
Certified Public Accountant

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

Re: Pinar Farm Inc.  
Document # P93000069962

Enclosed is a check, for \$150.00, the corporate annual fee for 2004, 2005 and 2006 for the above referenced corporation.

Please note, the corporation moved it's location from Miami, FL. to Davenport, FL in 2003 and never received it renewal form. We respectfully request that you reinstate the corporation active status and waive the penalties assessed.

Sincerely,

Felipe R. Ruiz

Under penalties of perjury, I declare that I have examined the above statement and accompanying information, and to the best of my knowledge, and belief, they are true, correct and complete.

I hereby authorize, the Florida Department of State to discuss the above matter with my representative, Felipe R. Ruiz C.P.A. (Tel. 305-552-9048, Fax 305-559-4094)

Luis A Acosta, President