

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P. 94000057005

1. Corporation Name

PNR, Inc.

Principal Place of Business

Boca Raton
Dahl Beach
County FL.

Mailing Address

6308 La Costa Dr.
Unit C
Boca Raton, FL
33433

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

6308 La Costa Dr.

Suite, Apt. #, etc.

Unit C

City & State

Boca Raton FL

Zip

33433

Country

U.S.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

8/1/94

5. FEI Number

65-0510574

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P, D	James Robinson	6308 La Costa Dr, Unit C	Boca Raton, FL 33433
S, D	Michelle Robinson	6308 La Costa Dr. Unit C	Boca Raton 33433
T, D	Michael Tiberio	231 Endicott Ave Revere, MA 02155	

REINSTATEMENT 96-99

V. SHEPARD JUN 18 1999

8. Name and Address of Current Registered Agent

James Robinson
6308 La Costa Dr, Unit C
Boca Raton, FL 33433

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

James Robinson

REGISTERED AGENT MUST SIGN

Date

6/11/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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, 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 under section 119.07(3)(i), 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:

Michael P. Tiberio Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/11/99

Date

(511) 338-592

Daytime Phone