

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 96-98
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 FEB 10 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 9950000 38045

1. Corporation Name
THE PINE COTTAGE

Principal Place of Business
4128-2 HERSCHEL ST.
JACKSONVILLE, FL 32210

Mailing Address
4128-2 HERSCHEL ST.
JACKSONVILLE, FL 32210

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida MAY 1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3309548	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES.	PAUL G. CLEMENTS	1710 MAYVIEW RD	JACKSONVILLE, FL 32210
V.P.	NANCY B. CLEMENTS	1710 MAYVIEW RD	JACKSONVILLE, FL 32210

400002429284--5
-02/12/98--01094--017
***750.00 ***750.00

REINSTATEMENT 96-98

a. alan
2/10/98

8. Name and Address of Current Registered Agent PAUL CLEMENTS 1710 MAYVIEW RD JACKSONVILLE, FL 32210		9. Name and Address of New Registered Agent Name PAUL G. CLEMENTS Street Address (P.O. Box Number is Not Acceptable) 4128-2 HERSCHEL ST Suite, Apt. #, Etc. 400002429284--5 City JACKSONVILLE State FL Zip Code 32210	
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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: *Paul G. Clements* Date: 12/29/97

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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 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 under section 119.07(3)(f), 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: *Paul G. Clements* Paul G. Clements 12/29/97 381-9148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/95)