

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P 95000058278**

1. Corporation Name

Piranha Properties, Inc

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

3800 Washington Rd

Suite, Apt. #, etc.

1208

City & State

West Palm Beach

FL

Zip

33405

Country

Palm Beach

3. Mailing Office Address

702 Desperado Rd,

Suite, Apt. #, etc.

City & State

Bailey Co.

Zip

80421

Country

Park

4. Date Incorporated or Qualified
To Do Business in Florida

1995

5. FEI Number

65-0603376

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

Bill Twyford

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

3800 Washington Rd # 1208

Suite, Apt. #, Etc.

West Palm Beach

State
FL

Zip Code

33405

☒ 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

REGISTERED AGENT MUST SIGN

Date **11-20-09**

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
Director	Dwan Bert	702 Desperado Rd	Bailey Co 80421

REINSTATEMENT
08-09
AS

10. E-mail Address: **bill.Twyford@aol.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. Further, I 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:

Bill Twyford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-20-09

Date

305-870887

Daytime Phone #