

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 25 PM 4:51

DOCUMENT # P95000085856

1. Corporation Name

PIERCE TREE MOVERS

W0506007627

2. Principal Office Address

14601 SE 102 PL

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 309

Suite, Apt. #, etc.

City & State

OKLAWAHA, FL

Zip

32179

Country

USA

City & State

OKLAWAHA, FL

Zip

32183

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/95

5. FEI Number

650632697

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

JAMES W BURNHAM

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

14601 SE 102 PL

Suite, Apt. #, Etc.

City

OKLAWAHA, FL

State

FL

Zip Code

32179

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]

REGISTERED AGENT MUST SIGN

Date

2/4/05

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
<u>P</u>	<u>JAMES BURNHAM</u>	<u>14601 SE 102 PL</u>	<u>OKLAWAHA, FL 32179</u>
<u>VP</u>	<u>PATRICIA PIERCE</u>	<u>5870-113 TERR-N</u>	<u>PINELLAS PARK, FL 33782</u>

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03/08/05--01010--004 **1050.00

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 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/05

Date

(352) 266-9842

Daytime Phone #

CR2E081 (01/05)