

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 18 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000089087

1. Corporation Name

PINES YACHT SERVICE INC.

2. Principal Office Address

1743 NE 4th Ave

3. Mailing Office Address

1743 NE 4th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Lauderdale, Fl.

City & State

Ft. Lauderdale, Fl

Zip

33305

Country

USA

Zip

33305

Country

USA

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

05/01/01996

5. FEI Number

650623756

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

David R Pines

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

1743 NE 4th Ave

300014313263

03/18/03--01030--015 **300.00

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33305

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 **03/10/2003**

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
PSTD	David R Pines	1743 NE 4th Ave	Ft. Lauderdale Fl. 33305

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/10/2003 954-326-0870

Date

Daytime Phone #

CR2E081 (10/02)

g 3/19

PINES YACHT SERVICE INC.

1743 NE 14th Ave.
Fort Lauderdale
Fl. 33305
954-326-0870

March 10, 2003

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee,
Fl. 32314

Dear Sir or Madam:

I received information today that my company -Pines Yacht Service Inc- has been listed as inactive. I have not received forms for annual returns from you and can only surmise that you were not in possession of the correct mailing address. In fact I remember that this problem had arisen in a previous year and that I thought I had, with your assistance, corrected the problem. I spoke this morning with a lady in your office named Dianne who advised me to write to you today explaining the situation, enclosing a corporation reinstatement form along with a cheque for last and this years fee. This I have done. I have included new addresses on the form, which will be current from 03/17/2003. I am sorry to appear remiss in this matter and I assure you of my diligence in the future.

Sincerely,



David R. Pines
President.