

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 NOV 18 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000012110**

1. Corporation Name

PYRAMID ADMINISTRATORS, INC.

Principal Place of Business

Mailing Address

P O BOX 381076
PORT CHARLOTTE FL 33948
US

13805 LONGLAKE LANE
PORT CHARLOTTE FL 33953



REINSTATEMENT

98

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/07/1996	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0699660	
Country		Country		Applied For	
				Not Applicable	
				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
D	HEANEY, ROBERT E	13805 LONGLAKE LANE	PORT CHARLOTTE FL 33953
D	HEANEY, BERNADETTE G	13805 LONGLAKE LANE	PORT CHARLOTTE FL 33953
			200002696762--8 -11/25/98--01069--002 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCKINLEY, MICHAEL R ESQ.
18401 MURDOCK CIRCLE
PORT CHARLOTTE FL 33948

Name **HEANEY ROBERT E.**
Street Address (P.O. Box Number is Not Acceptable)
13805 LONG LAKE LANE
Suite, Apt. #, Etc.
~~PORT CHARLOTTE FL~~
City **PORT CHARLOTTE** State **FL** Zip Code **33953**

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

Robert E. Heaney
REGISTERED AGENT MUST SIGN

Date **11/12/98**

11. This corporation owes or has paid 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 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:

Robert E. Heaney
REGISTERED AGENT MUST SIGN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **11/12/98**

Daytime Phone # **941 766 0807**

CR2E040 (9/98)