

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

1042

98 DEC 30 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

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

DOCUMENT # P96000016598

1. Corporation Name

PINES & UNIVERSITY SERVICE CENTER, INC.

Principal Place of Business

Mailing Address

50 S. UNIVERSITY DRIVE
PEMBROKE PINES, FL 33024

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

c/o Law Offices of David Hannan

Suite, Apt. #, etc.
7301 N.W. 4th Street, Ste 102

Suite, Apt. #, etc.

City & State
Plantation, FL

City & State

Zip
33317

Country
USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/20/1996

5. FEI Number

65-0656680

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ 38.75 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
p/D	Jose M. Suarez	10776 Tea Olive Lane	Boca Raton, FL 33498
			000002735060--2 -01/08/99--01088--020 *****8.75 *****8.75
			000002735060--2 -01/08/99--01088--021 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

Jose M. Suarez
50 S. University Drive
Pembroke Pines, FL 33024

9. Name and Address of New Registered Agent

Name
David F. Hannan
Street Address (P.O. Box Number is Not Acceptable)
7301 N.W. 4th Street
Suite, Apt. #, Etc.
Suite 102
City
Plantation
State
FL
Zip Code
33317

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/28/98

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)(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:

[Signature] JOSE M. SUAREZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/28/98
Date

954-476-6789
Daytime Phone #

CR2000 (1/98)

H-1012

LAW OFFICES OF
DAVID F. HANNAN
A PROFESSIONAL ASSOCIATION

DAVID F. HANNAN

7301 N. W. 4th STREET
SUITE 102
PLANTATION, FLORIDA 33317
TELEPHONE 954-476-6789
TELECOPIER 954-476-6424

December 21, 1998

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Attention: Reinstatements

Re: Pines & University Service Center, Inc.
Pines Supreme Enterprises, Inc.

Gentlemen:

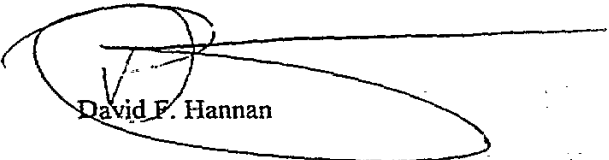
I enclose applications for reinstatement for each of the referenced two corporations along with a check payable to the Department of State in each instance for \$150.00.

We seek waiver of the reinstatement fee attributable to the fact that neither the corporation,, any of its officers or the registered agent received the annual report forms. The corporate premises at 50 North University Drive were "demolished".

If you will not waive this fee, I would appreciate an immediate call.

I thank you for your attention to this matter.

Very truly yours,



David F. Hannan

DFH:ck