

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 FEB 29 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

PYRAMID OF CLEARWATER, INC.

P 96000037362

2. Principal Office Address

1630 Gulf To Bay Blvd.

Suite, Apt. #, etc.

City & State

Clearwater, FL.

Zip

33755

Country

Pinellas

3. Mailing Office Address

1938 Swan Ln

Suite, Apt. #, etc.

City & State

Palm Harbor, FL.

Zip

34683

Country

Pinellas

4. Date Incorporated or Qualified
To Do Business in Florida

May 1st, 1996

5. FEI Number

59-3405502

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

Fayez S. Suhweil

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

1938 Swan Ln.

Suite, Apt. #, Etc.

City

Palm Harbor

State
FL

Zip Code 34683

REINSTATEMENT 97-00 TS

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

2/23/2000

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
P/D	Fayez S. Suhweil	1938 Swan Ln	Palm Harbor, Fl. 34683
V	Cynthia P. Suhweil	1938 Swan Ln	Palm Harbor, Fl. 34683
S/T	Samir R. Suhweil	1938 Swan Ln	Palm Harbor, Fl. 34683
			700003161057--2 -03/08/00--01007--006 ***1200.00 ***1200.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FAYEZ S. SUHWEIL

Date

2/23/2000 (727)
461-6111/298

Daytime Phone #