

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC 11 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **996000055606**

1. Corporation Name

MARICAMP-PINE INVESTORS, INC.

REINSTATEMENT 03

100025400101
12/10/03--01068--016 **750.00

2. Principal Office Address

1030 WEST ISB

Suite, Apt. #, etc.

SUITE 201

City & State

DAYTONA BEACH

Zip

32114

Country

USA

3. Mailing Office Address

1030 WEST ISB

Suite, Apt. #, etc.

SUITE 201

City & State

DAYTONA BEACH

Zip

32114

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/23/1996

5. FEI Number

59-3388769

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

CHARLES S. LICHTIGMAN

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

1030 WEST INTERNATIONAL SPEEDWAY BLVD.

Suite, Apt. #, Etc.

SUITE 201

City

DAYTONA BEACH

State

FL

Zip Code

32114

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

Charles S. Lichtigman

Date **12/04/2003**

REGISTERED AGENT MUST SIGN

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
D	LICHTIGMAN, CHARLES S.	1030 WEST INTERNATIONAL SB	DAYTONA BEACH, FL 32114
D	NEUBAUER, DAVID F.	1030 WEST INTERNATIONAL SB	DAYTONA BEACH, FL 32114
D	TOWER, DEVIN	1030 WEST INTERNATIONAL SB	DAYTONA BEACH, FL 32114

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

12/04/2003 386-238-3600

Date

Daytime Phone #

CR2E081 (10/02)