

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 MAR 20 PM 4:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 996000061414

1. Corporation Name

Pinucity Services Inc.

**REINSTATEMENT**

9/1-02

2. Principal Office Address

12839 Main St

Suite, Apt. #, etc.

3. Mailing Office Address

12839 Main St

Suite, Apt. #, etc.

City & State

Jacksonville FL

Zip

32218

Country

USA

City & State

Jacksonville FL

Zip

32218

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

7-23-1996

5. FEI Number

59-3391254

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

Donip Blocker

900005193389--6

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

9107 Lowery St.

-04704702--01078--030

\*\*\*1500.00 \*\*\*1500.00

Suite, Apt. #, Etc.

City

Jacksonville, FL

State

FL

Zip Code

32226

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

Donip Blocker

REGISTERED AGENT MUST SIGN

Date 03/15/02

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
<u>P</u>	<u>K.L. Blocker</u>	<u>9101 Lowery St</u>	<u>Jacksonville, FL 32226</u>
<u>S-T</u>	<u>A.K. Blocker</u>	<u>9107 Lowery St.</u>	<u>Jacksonville, FL 32226</u>
<u>V</u>	<u>Kdm. Pearce</u>	<u>9107 Lowery St</u>	<u>Jacksonville, FL 32226</u>

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:

Donip Blocker

3-15-02

Date

904 714 4434

Daytime Phone #

CR2081 (9/01)

BB