

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

99 NOV 17 PM 2:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000054493**

1. Corporation Name

**PINECREST HOLDINGS, INC.**

Principal Place of Business

15955 SOUTHWEST 153 AVE  
MIAMI FL 33187

Mailing Address

~~4400 SOUTHWEST 153 AVE~~  
~~MIAMI FL 33187~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/20/1997

5. FEI Number

65-0761800

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$5.75 (2) Fee is required  
for each certificate of status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PDS T	RAMJIT, UDDEY	15955 SOUTHWEST 153 AVE	MIAMI FL 33187
STD	<del>BHAGWANDEEN, STEVE</del>	<del>15955 SOUTHWEST 153 AVE</del>	<del>MIAMI FL 33187</del>

200003063022--0  
-12/07/99--01049--011  
\*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent

PRAKASH, RAJ  
9534 SW 143 CT  
MIAMI FL 33186

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

*R. Prakash*

REQUIRED

Date

11/17/99

KE

REGISTERED AGENT MUST SIGN

11. 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:

*Uddy Roy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED

Date

10/25/97

(305)-661-5887

Daytime Phone #

CR22040 (8/99)