

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2052



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 18 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000081902**

1. Corporation Name

PETE HINES, INC.

Principal Place of Business

**1510 SOUTH MAIN STREET
GAINESVILLE FL 32601**

Mailing Address

**1510 SOUTH MAIN STREET
GAINESVILLE FL 32601**



800009528978
12/16/02--01085--023 **150.00

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

09/19/1997

5. FEI Number

59-3471441

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PST	HINES, PETE	1510 SOUTH MAIN STREET	GAINESVILLE FL 32601
V	HINES, MIRIAM	4916 NW 53 ST.	GAINESVILLE FL 32653

8. Name and Address of Current Registered Agent

**HINES, PETE
1510 SOUTH MAIN STREET
GAINESVILLE FL 32601**

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

2/10/02

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/10/02 352372-0196

Daytime Phone #

CR2E040 (8/02)

To whom it may concern:

I received this notice of dissolution
but didn't receive any prior notices of this.
Please accept this reinstatement application

Thank you

Peter Hines

PETER HINES

PETE HINES, INC

1516 S. MAIN ST

GAINESVILLE FL

32601

352-372-0196