

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 NOV 19 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000086076

1. Corporation Name

RICK PINETTE MOTIVATION, INC.

Principal Place of Business

378 WHOOPING LOOP
SUITE 1208
ALTAMONTE SPRINGS FL 32701

Mailing Address

P.O. BOX 470456
CELEBRATION FL 34747



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

10/01/1997

5. FEI Number

59-3471604

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres	Richard Pinette	996 Maple Ct.	Apopka, FL 32703
V.P.	Cheryl Pinette	996 Maple Ct.	Apopka, FL 32703

000002699330--3
-12/01/98--01079--002
****150.00 ****150.00

8/11/23

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PINETTE, CHERYL
996 MAPLE CT
APOPKA FL 32703

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

CHERYL PINETTE
REGISTERED AGENT MUST SIGN

Date 11/16/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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.

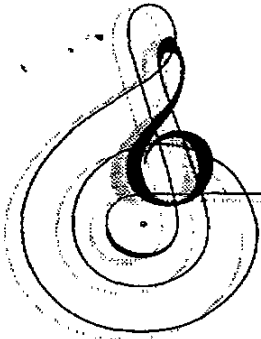
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/16/98
Date

(407) 831-4326
Daytime Phone #

CR2E040 (9/98)



RPM Rick
Pinette
Motivation

M A G I C A L • M U S I C A L • M E S S A G E S

November 16, 1998

Division of Corporations
Annual Report/Reinstatement Section
P O Box 6327
Tallahassee, FL 32314-6327

Please accept this letter as confirmation of our telephone conversation on this date regarding the reinstatement of our corporate status.

We have experienced difficulty receiving some pieces of mail in the past and, unfortunately, did not receive any notices from the State. Therefore, as we discussed, I have included the \$150.00 payment you requested along with the enclosed application.

Thank you for your understanding.

Sincerely,

RICK PINETTE MOTIVATION, INC.

Cheryl Pinette
V. President