

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 JUL 19 PM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000101839

1. Corporation Name

Clearwater-Pineview Associates, Inc.

2. Principal Office Address

6000 Lake Forrest Drive

Suite, Apt. #, etc.

Suite 560

City & State

Atlanta, Georgia

Zip

30339

Country

USA

3. Mailing Office Address

6000 Lake Forrest Drive

Suite, Apt. #, etc.

Suite 560

City & State

Atlanta, Georgia

Zip

30339

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/3/97

5. FEI Number

58-2365987

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

2000-01 UBR

7. Name and Address of Current Registered Agent

Name

R. Carlton Ward

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

1253 Park Street

Suite, Apt. #, Etc.

City

Clearwater, FL

State
FL

Zip Code

33756

100004534311-7

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****308.75 ****308.75

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

Date 7/18/01

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
P,S	Brooks A. Hatfield	6000 Lake Forrest Dr., #560	Atlanta, GA 30339

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/01

Date

Daytime Phone #

CR2E081 (9/99)