

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 31 PM 3:45

DOCUMENT # P97000101839

1. Corporation Name

Clearwater-Pineview Associates, Inc.

2. Principal Office Address

6000 Lake Forrest Drive

3. Mailing Office Address

6000 Lake Forest Drive

Suite, Apt. #, etc.

560

Suite, Apt. #, etc.

560

City & State

Atlanta, GA

City & State

Atlanta, GA

Zip

30328

Country

USA

Zip

30328

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/03/97

5. FEI Number

58-2365987

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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

State
FL

Zip Code
33756

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

REGISTERED AGENT MUST SIGN

Date

12/29/03

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,T	Brooks A. Hatfield	6000 Lake Forest Drive	Atlanta, GA 30328

REINSTATEMENT

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dec

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)(f), 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

12/24/03
Date

404-293-0000
Daytime Phone #