

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # P98000037953

1. Corporation Name

SARIBELLE PINA, P.A.

Principal Place of Business

7755 JAFFA DRIVE
ORLANDO FL 32835

Mailing Address

7755 JAFFA DRIVE
ORLANDO FL 32835

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/24/1998

5. FEI Number

59-3508032

Applied For
Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐ ☒

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PSD	PINA, SARIBELLE	7755 JAFFA DRIVE	ORLANDO FL 32835
VD	SETIEN, LUIS	7755 JAFFA DRIVE	ORLANDO FL 32835

SP

8. Name and Address of Current Registered Agent

PINA, SARIBELLE
7755 JAFFA DRIVE
ORLANDO FL 32835

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

REGISTERED AGENT MUST SIGN

Date

12/16/99

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:

SARIBELLE PINA

Date

12/16/99

Daytime Phone #

2

PLEASE REINSTATE MY CORPORATION. I ORIGINALLY PAID THE \$150, BUT THE FORM WAS RETURNED TO ME ASKING FOR MORE INFORMATION. BECAUSE OF A DEATH IN THE FAMILY ME AND MY ~~WIFE~~ ^{HUSBAND} WERE OUT OF THE COUNTRY AND COULD NOT RESPOND TO THE NOTICE. WE HAVE NO MONEY TO PAY THIS LARGE FINES.

THANK YOU