

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000042334**

1. Corporation Name

PINE SERVICES, INC.

FILED
03 NOV 14 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1001 BRICKELL BAY DR.
STE #1910
MIAMI FL 33131

Mailing Address

1001 BRICKELL BAY DR.
STE #1910
MIAMI FL 33131

REINSTATEMENT



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

05/11/1998

5. FEI Number

65-0854779

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
PD	PINHEIRO, NELSON	1001 BRICKELL BAY DR., LOBBY LEV	MIAMI FL 33131
VPSD	PINHEIRO, NOBERTO N	1001 BRICKELL BAY DR., LOBBY LEV	MIAMI FL 33131
VP	PINHEIRO, MARCIA	1001 BRICKELL BAY DR. LOBBY LEVE	MIAMI FL 33131
VP	RODRIGUES, MARIA D	1001 BRICKELL BAY DR. LOBBY LEVE	MIAMI FL 33131

8. Name and Address of Current Registered Agent

FREEMAN, STEPHEN A
520 BRICKELL KEY DRIVE 0-305
MIAMI FL 33131

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

Date

REGISTERED AGENT MUST SIGN

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:

MR Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/03

Date

Daytime Phone #

CR2E040 (7/03)



PINE SERVICES, INC.

Miami, November 12, 2003

**Florida Department of State
Division of Corporations**

Re: PINE SERVICES, INC.
FEIN# 65-0854779
Reinstatement fee

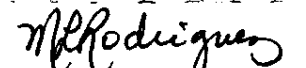
To Whom It May Concern:

Please have the reinstatement fee waived since we did not receive any prior UBR notices.

We do want keep PINE SERVICES, INC as an active company.

Should you have any question please call us at (305) 810.1219.

Sincerely,


MARIA RODRIGUES