

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 JUL 27 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000047761

1. Corporation Name

THE PINES OF NEWMARKET, INC.

2. Principal Office Address
9 GRANT RD.

Suite, Apt. #, etc.

City & State
NEWMARKET, NH

Zip 03857 **Country** USA

3. Mailing Office Address
9 GRANT RD.

Suite, Apt. #, etc.

City & State
NEWMARKET, NH

Zip 03857 **Country** USA

**4. Date Incorporated or Qualified
To Do Business in Florida** 5/28/98

5. FEI Number
593534484

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

EDWARD JEWETT

100004525101-3

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

123 PALM BREEZE

****908.75 ****908.75

Suite, Apt. #, Etc.

City EDGEWATER

State
FL

Zip Code
32141-5901

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 7/23/01

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
PRES	EDWARD JEWETT	123 PALM BREEZE	EDGEWATER, FL 32141
V.P.	DON QUEST	320 KELSEY PARK CIRCLE	PALM BEACH GARDENS, FL 33410
TRES.	ARLENE JEWETT	123 PALM BREEZE	EDGEWATER, FL 32141

REINSTATEMENT 020178

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

7/23/01

Date

603-895-2412

Daytime Phone #

CRCE081 (8/00)