

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUL 16 PM 1:27

DOCUMENT # **P980000088622**

1. Corporation Name

Pine Orchard Builders & Developers Inc.

2. Principal Office Address

109 Hillcrest Ct

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Sewall's Pt FL.

Zip

34996

Country

MARTIN

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/14/99 SP

5. FEI Number

65-0976313

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

Charles W. de Garmo

900004494289-5

-07/24/01--01097--001

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

109 Hillcrest Ct

******900.00 ****900.00**

Suite, Apt. #, Etc.

City

Sewall's Pt

State

FL

Zip Code

34996

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

Charles de Garmo

REGISTERED AGENT MUST SIGN

Date

7/12/01

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
T	CHRISTOPHER DE GARMO	109 Hillcrest Ct	Sewall's Pt FL 34996
VP/Sec	Betty A. ZONDAG	" " "	" " " "
P	Charles W. de Garmo	" " "	" " " "

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:

Charles de Garmo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/01

Date

1-561-220-8505

Daytime Phone #

CR2E081 (9/00)