

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P99000024356

**Entity Name:** PIONE & ASSOCIATES, INC.

**FILED**  
**Oct 15, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

1500 SHORELINE WAY  
HOLLYWOOD, FL 33019 UN

**New Principal Place of Business:**

**Current Mailing Address:**

1500 SHORELINE WAY  
HOLLYWOOD, FL 33019

**New Mailing Address:**

1500 SHORELINE WAY  
HOLLYWOOD, FL 33019 UN

**FEI Number:** 65-0905448

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

PIONE, NONA  
1500 SHORELINE WAY  
HOLLYWOOD, FL 33019 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** NONA PIONE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** PIONE, NONA  
**Address:** 1500 SHORELINE WAY  
**City-St-Zip:** HOLLYWOOD, FL 33019

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** NONA PIONE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

10/15/2013

\_\_\_\_\_  
Date