

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY 17 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 99000037259

1. Corporation Name

Biscayne Pioneer INC
PO Box 381703
Miami, FL 33238

2. Principal Office Address

5650 NE 2 AVE

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

PO Box 381703

Suite, Apt. #, etc.

City & State

Miami, FL 33238

Zip

Country

33238

USA

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

5. FEI Number

65-0927637

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

TODD LEON

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

662 NE 105 ST

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33138

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 5/12/06

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
P	TODD LEON	662 NE 105 ST	Miami, FL 33138
	<i>[Signature]</i>		

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 contained in Chapter 119, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/06

Date

305-300-4192

Daytime Phone #

BISCAYNE PIONEERS
PO BOX 381703
MIAMI, FLORIDA 33238
305-300-4192

May 12, 2006

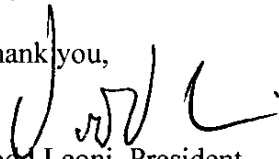
Department of State
Po Box 6327
Tallahassee, Florida 32314

Gentlemen:

My Name is Todd Leoni and I am the President of Biscayne Pioneers and authorized agent. I have not received my reinstatement form in a few years as the address that you were mailing it to was incorrect.

As per your instructions, I am enclosing a check in the amount of \$600.00 to reinstate the corporation with the form.

Thank you,


Todd Leoni, President
Biscayne Pioneers Inc