

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAR -7 PM 12:50

DOCUMENT # **P99000066156**

1. Corporation Name

PINE VISTA ENTERPRISES, INC.

2. Principal Office Address

115 FOREST POINT LANE

Suite, Apt. #, etc.

City & State

LONGWOOD FL

Zip **32779**

Country

USA

3. Mailing Office Address

PO BOX 915204

Suite, Apt. #, etc.

City & State

LONGWOOD FL

Zip **32791**

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7-19-99

5. FEI Number

59-3594839

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

JAMES LAVIGNE

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

7087 GRAND NATIONAL DRIVE

Suite, Apt. #, Etc.

City

ORLANDO

State
FL

Zip Code

32819

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 **12-16-05**

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
D	JOHN NOLAN	115 F PO BOX 115 FOREST POINT LANE	LONGWOOD, FL 32779
D	CRAIG WARREN	PO BOX 483 ST. LEONARDS NSW 1590	AUSTRALIA
VPD	JAMES LAVIGNE	7087 GRAND NATIONAL DR ORL	ORLANDO, FL 32819

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

12-12-05

Date

Daytime Phone #

407 340 4686