PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM									
FLORIDA DEPARTMENT OF THE						اد اخاره در گهران اهمان	40.		
55	FUR	بالى	esièlary or S	tate		Carry	, 		
44544	CIATEMENT COM	DIVI	SION OF CORPOR	ATIONS		FILED			
DOCUMENT # P9900074966 '						00 OCT 16 AM 8: 49			
1. Corporation Name						· ·			
PRISTINE PEAKS, INC.						SECRETARY OF STATE TABLIAHASSEE, FLORIDA			
Principal Place of Business Mailing Address						•	· · · · · · · · · · · · ·		
	19 NO STE 118 FER FL 33764	NO STE 118 R FL 33764							
If above addresses are incorrect in any way, line through incorrect information and enter correction below.									
	ncipal Office Address, If Applicable		New Mailing Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida			
Suite, Apt. a	#, etc.	Suite, Apt. #, e	Suite, Apt. #, etc.			5. <u>FEI</u> Number Applied For			
City & State	9	City & State			59-3601108			Not Applicable	
Zip	Country	Zip	Country		6. CERTIFICATE	OF STATUS DESIRED		litional Fee required rtificate of Status	
7. Names a	and Street Addresses of Each Officer and/o	or Director (Florid							
Title(s)	Name of Officers and/or Directors			et Address of Each cer and/or Director					
D	GREGORY, CHRIS	14100 US 19 NO STE 118			CLEARWATER FL 33764				
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								SP	
8. Name and Address of Current Registered Agent Name						Name and Address of New Registered Agent			
CDECODY CUBIS						· Costa O. Box Number is Not Acceptable)			
14100 US 19 NO STE 118						b. #118			
CLEARWATER FL 33764									
				City Clea	rwater			Code 1376+	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.									
Signature of Registered Agent Date 10-13-00 Page 10-13-00									
11. 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: SIGNATURE DECOSTOED 10-13-00 727-804-3357 SIGNATURE: Date Date Daytime Phone #									

Division of Corporations PO Box 6327 -Tallahassee, Fl. 32314

To Whom It May Concern:

Going through my bank records it appears our check # 1007 for our annual dues of \$ 150 was never cashed. So I called you and was informed that the check was never received and our corporation has been dissolved. I was told to write this letter on our behalf. We need our company to be active. Unfortunately, the check must have been lost. If you check your records I have 2 other companies that were processed this year, Costa Marketing Inc. & Costaco Inc.. Please accept this check on our behalf and reinstate our company. Pristine Peaks Inc. EIN # 59-3601108. Sorry for the inconvenience.

Respectfully,

G. L. Costa Pristine Peaks Inc.