## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE

**APPLICATION FOR** REINSTATEMENT



**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # - P99000100026

1. Corporation Name

PNS, INC. OF N.W. FLORIDA

Principal Place of Business Mailing Address

4138 WILKERSON BLUFF RD.

4138 WILKERSON BLUFF RD.

**HOLT FL 32564** 

**HOLT FL 32564** 

FILED 00 DEC 11 PM 4:39 SECRETARY OF STATE TALLAHASSEE, FLORIDA

						1,020,027		
If above addresses are incorrect in any way, line through incorrect info								
New Principal Office Address, If Applicable     New				ailing Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida		
Suite, Apt. #, etc. Suite, A				t. #, etc.		11/12/1999 5. FEI Number		
City & State	<del></del>		City & State			5. FEI Number Applied For Not Applicable		
<u> </u>						c		
Zip		Country	Zìp		Country	CERTIFICATE	OF STATUS DESIRED	58.75 Additional Fee required for a Certificate of Status
7. Names	and Street Ad	dresses of Each Officer and	Nor Director (Flo	rida nonprofi	corporations must list at le	ast 3 directors)		
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director 3			City /	/ State / Zip
D	HINTON, AUGUST P JR.			-21870 LEMOYNE RD:			100KEY OH 3443- 100KEY OH 3443- 100 100 100 100 100 100 100 100 100 100	
D	HINTON, SANDRA M			LOTE VOESTLY SQ. WEST		30~1;~2 Green OH 43405.		
						2000035086725 -12/20/0001045017 		
				REMSTATEME		EMEN		.UU ~****(50.UU
								199
8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent		
					Name		يت يشانسون	
HINTON, AUGUST P SR. 4138 WILKERSON BLUFF RD.				Street Address (I		(P.O. Box Number is Not Acceptable)		
					City		St.	ate Zip Code
10. I, being	appointed th	e registered agent of the at	ove named corpo	oration, am fa	miliar with and accept the o	obligations of Secti	on 607.0505, F.S.	
Signature o	f AgentX Z	Waist	Luto	200	(日常年 2007年)		Date x 12-10	2-00

11. Lertify that Lam 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.

Daytime Phone #