

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000109956

1. Corporation Name

PINETREE INDUSTRIES II, INC.

Principal Place of Business

Mailing Address

711 W INDIANTOWN RD
C1-C1A-C2
JUPITER FL 33458

743 PALM AVE.
BOCA RATON FL 33432

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

12/17/1999

5. FEI Number

65-0977094

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	WALLACE, JEFFREY P	743 PALM AVE.	BOCA RATON FL 33432
D	WALLACE, SYLVIA A	743 PALM AVE	BOCA RATON FL 33432

000024377540
11/03/03--01048--004 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WALLACE, JEFFREY P
743 PALM AVE.
BOCA RATON FL 33432

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt. #, Etc. _____
City _____ State **FL** Zip Code _____

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. or 617.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

Oct 15 2003

11. I certify that I am an officer or director of 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

Oct 15 2003

Daytime Phone #

561 575 4664

CR2E040 (7/03)

711 W INDIANTOWN RD
JUPITER, FL. 33458
561 575 4664
FAX 561 575 1269

PINETREE INDUSTRIES II

October 30, 2003

DEPT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314

Dear Sir or Madam:

ENCLOSED PLEASE FIND OUR APPLICATION FOR REINSTATEMENT., TOGETHER WITH
OUR CHECK IN THE AMOUNT OF \$150.00:

THE REASON WE ARE FILING AT THIS TIME, IS BECAUSE WE NEVER RECEIVED OUR
ANNUAL REPORT. WE DID CALL AND EXPLAINED THE SITUATION UPON RECEIVING
OUR NOTICE OF ADMINISTRATIVE DISSOLUTION AND WERE INSTRUCTED TO
IMMEDIATELY RETURN THIS FORM WITH THE ENCLOSED CHECK.

WE WOULD APPRECIATE OUR REINSTATEMENT UPON RECEIPT AND APOLOGIZE FOR
ANY INCONVENIENCE.

SINCERELY,



JEFF WALLACE
DIRECTOR AND REGISTERED AGENT

