

APPLICATION
FOR
REINSTATEMENT.FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 20 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S64605

1. Corporation Name

PINEVIEW ACADEMY, INC.

Principal Place of Business

% BARRY P. HERSHON
2325 ROANOKE CT.
LAKE MARY FL 32746-4987

Mailing Address

~~P.O. BOX 850670~~
2325 ROANOKE CT.
LAKE MARY FL 32795
US

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

2. New Principal Office Address, If Applicable

853 S. Orlando Ave

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Winter Park FL

Zip

32789

Country

USA

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/08/1991

5. FEI Number

59-3054021

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	HERSHON, BARRY P.	2325 ROANOKE CT.	LAKE MARY FL
DST	HERSHON, SHERRIE L.	2325 ROANOKE CT.	LAKE MARY FL
DV	MAZCURI, RIAZ	5149 CHEENA 5527 S. Braeswood	HOUSTON TX 77096
			800003457958--3 -11/03/00--01011--012 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

HERSHON, SHERRIE
2325 ROANOKE CT.
LAKE MARY FL 32746

9. Name and Address of New Registered Agent

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.

Signature of
Registered AgentSHERRIE L. HERSHON
REGISTERED AGENT MUST SIGN

Date 10/16/00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2052

PINEVIEW ACADEMY
853 S. Orlando Avenue
Winter Park, Fl. 32789
407-644-9245

October 17, 2000

Florida Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Fl. 32314-6327

RE: FEI Number 59-3054021

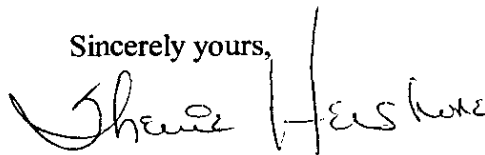
Dear Sirs:

Yesterday I received in the mail an Application for Reinstatement for Pineview Academy. I had not received the original form mailed to Pineview, apparently it was mailed to the P.O. Box 950670. I notified you several years ago that the box was closed and changed the address to 853 S. Orlando Avenue Winter Park, Fl. 32789. This was not a willful error. I feel that the penalties are punitive and would appreciate it if you would wave the reinstatement fee. I do feel that I owe any interest you may have lost on this amount.

I have enclosed my check # 1085 in the amount of \$ 150.00.

Thank you for your consideration of this letter.

Sincerely yours,



Sherrie L. Hershone
Secretary/Treasurer