

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC -1 AM 8:00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S64605

1. Corporation Name

PINEVIEW ACADEMY, INC.

2. Principal Office Address

3903 Forsyth Road

Suite, Apt. #, etc.

City & State

Winter Park, FL

Zip

32792

Country

USA

3. Mailing Office Address

3903 Forsyth Road

Suite, Apt. #, etc.

City & State

Winter Park, FL

Zip

32792

Country

USA

REINSTATEMENT

02-04
MRD

**4. Date Incorporated or Qualified
To Do Business in Florida**

07/08/1991

5. FEI Number

593054021

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **XX**

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Robert O. Marks

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

255 South Orange Avenue

Suite, Apt. #, Etc.

Suite 800

City

Orlando

State
FL

Zip Code

32801

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

Robert O. Marks

Date 11/22/2004

REGISTERED AGENT MUST SIGN

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
P	Riaz Mazcuri	11434 Ashford Haven	Sugarland, TX 77478
V,S,T	Faramarz Sadri	3903 Forsyth Road	Winter Park, FL 32792

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

Riaz Mazcuri

Date

11-24-04

Daytime Phone #

713 3984956

CR2E001 (01/04)