

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

1998 NOV 19 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT '98

DOCUMENT # S68506

1. Corporation Name

PICK-N-PULL, INC.

Principal Place of Business

1427 N HERCULES AVE
CLEARWATER FL 34625

Mailing Address

1427 N HERCULES AVE
CLEARWATER FL 34625



SCC 11-19-98

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

4. Date Incorporated or Qualified
To Do Business in Florida

07/24/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3076229

Applied For

Not Applicable

City & State

City & State

Zip **33765** Country

Zip **33765** Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	ZUKOWSKI, GREG R.	1427 N HERCULES AVE	CLEARWATER FL
PST	ZUKOWSKI, GREG R.	1427 N HERCULES AVE	CLEARWATER FL

300002706013--3
-12/08/98--01039--012
*****750.00 *****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ZUKOWSKI, GREG R.
1427 N HERCULES AVE
CLEARWATER FL 34625

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **11/13/98**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 of 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)(f), 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

11/13/98 **727-443-4760**
Date Daytime Phone #

CR2E040 (8/98)