

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

00 APR 11 AM 7:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 708705

1. Corporation Name

PINE DRIVE MANOR ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1100 PINE DRIVE
POMPANO BEACH FL 33060

1100 PINE DRIVE
POMPANO BEACH FL 33060



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 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 03/26/1965 | |
| City & State | | City & State | | 5. FEI Number | |
| Zip | | Zip | | 59-1147799 | |
| Country | | Country | | Applied For | |
| | | | | Not Applicable | |
| | | | | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 |
| P | JOHN LO PRESTI JOE OSBORNE | 1100 PINE DR., #205 103 | POMPANO BEACH FL 33060 |
| V | MARTIN, ALBERT JOHN BUCCA | 1100 PINE DR., #207 206 | POMPANO BEACH FL 33060 |
| SEC. TREAS. | POLLART, STEVE ANNE PRIMAVERA | 1100 PINE DR., #104 109 | POMPANO BEACH FL 33060 |
| D | BERNICE MULLEN PAT BISHOP | 1100 PINE DR., #204 201 | POMPANO BEACH FL 33060 |
| D | KIERNAN, MIKE ROBERT PFEIL | 1100 PINE DR., #108 101 | POMPANO BEACH FL 33060 |
| D | PAPP, ALLAN GENE WYMOLA | 1100 PINE DR., #108 102 | POMPANO BEACH FL 33060 |

| 8. Name and Address of Current Registered Agent | 9. Name and Address of New Registered Agent |
|--|---|
| MARTIN, ALBERT JOE OSBORNE 1100 PINE DR. UNIT 207 103 POMPANO BEACH FL 33060 | Name: JOE OSBORNE Street Address (P.O. Box Number is Not Acceptable): 1100 PINE DRIVE Suite, Apt. #, Etc.: UNIT 103 City: POMPANO BEACH State: FL Zip Code: 33060 |

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 Date: 3/14/00

REGISTERED AGENT MUST SIGN

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 REQUIRED OSBORNE Date: 3/14/00 Daytime Phone #: 9549434756

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CONDO. PRESIDENT

CR2E040 (8/93)