

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 DEC 28 PM 4:00

DOCUMENT # **708705**

1. Corporation Name

PINE DRIVE MANOR ASSOCIATION, INC.

Principal Place of Business

1100 PINE DRIVE
 POMPANO BEACH FL 33060

Mailing Address

1100 PINE DRIVE
 POMPANO BEACH FL 33060



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

REINSTATEMENT 01

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

03/26/1965

5. FEI Number

59-1147799

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)

800004794828--8

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City/State/Zip |
|------------|-------------------------------------|--|--|
| P | OSBORNE, JOE KIERNAN, MICHAEL | 1100 PINE DR., #408-106 | -01/24/02--01079--010 ****236.25 ****236.25 |
| V | BUCCA, JOHN | 1100 PINE DR., #206 | POMPANO BEACH FL 33060 |
| ST | PRIMAVERA, ANNE | 1100 PINE DR., #109 | POMPANO BEACH FL 33060 |
| D | BISHOP, PAT | 1100 PINE DR., #201 | POMPANO BEACH FL |
| D | PFEIL, ROBERT | 1100 PINE DR., #101 | POMPANO BEACH FL |
| D | WYMOLA, GENE | 1100 PINE DR., #102 | POMPANO BEACH FL |

8. Name and Address of Current Registered Agent

OSBORNE, JOE
 1100 PINE DR.
 UNIT 103
 POMPANO BEACH FL 33060

9. Name and Address of New Registered Agent

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

Michael Kiernan
 SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date

12/18/01

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:

Michael Kiernan
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/18/01

Daytime Phone #

954-782-7367

CR2E040 (8/01)