

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 DEC -3 AM 11:41

DOCUMENT # 708750 (5)

1. Corporation Name
Pinecrest Condominium, INC.
516 S. Luna Court
HOLLYWOOD, FL 33021-7534

REINSTATEMENT RB

93-01

2. Principal Office Address

s/a

3. Mailing Office Address

s/a

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Broward

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida 04/06/1965

5. FEI Number

650047732

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Gertrude Vereb

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

516 S. Luna Ct.

800004728678-8

-12/17/01--01058--05

Suite, Apt. #, Etc.

5

****726.25 ****726.25

City

HOLLYWOOD

State

FL

Zip Code

33021

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

Gertrude Vereb

REGISTERED AGENT MUST SIGN

Date 11/29/01

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	CATHERINE M. SIMPSON	516 S. Luna Ct. #2	HOLLYWOOD, FL 33021
V	Jose Gonzalez	516 S. Luna Ct. #1	HOLLYWOOD, FL 33021
S/T	Gertrude Vereb	516 S. Luna Ct. #5	HOLLYWOOD, FL 33021
D	DAVID ALLARD	516 S. Luna Ct. #6	HOLLYWOOD, FL 33021
D	Leonard Inglese	516 S. Luna Ct. #3	HOLLYWOOD, FL 33021
D	Richard L. Smith	516 S. Luna Ct. #4	HOLLYWOOD, FL 33021

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

CATHERINE M. SIMPSON

Date

11/29/01

Daytime Phone #

954 986-9045

CRZE081 (9/00)