

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 14 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 750352

1. Corporation Name

PINETRAIL EAST HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

616 NW 45 DR.
DELRAY BEACH FL 33445
US

Mailing Address

596 N.W. 45TH DRIVE
DELRAY BEACH FL 33445

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

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

REINSTATEMENT

02

4. Date Incorporated or Qualified
To Do Business in Florida

12/21/1979

5. FEI Number

NOT APPLICABLE

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	DAVEY, TERRY	596 NW 45TH DR	DELRAY BEACH FL 33445
VD	KUH, RONALD	634 NW 45TH DR	DELRAY BEACH FL 33445
TD	ARTYBRIDGE, BESSIE	4588 NW 5TH CT	DELRAY BEACH FL 33445
SD	RANGEL, DOLORES	619 NW 45TH DR	DELRAY BEACH FL 33445

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8. Name and Address of Current Registered Agent

DAVEY, SUSAN
596 N.W. 45TH DRIVE
DELRAY BEACH FL 33445

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/7/02

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
TERRY DAVEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/7/02 561-445-0831
Date Daytime Phone #

CR2040 (8/02)