PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 NOV -8 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N08081**

1. Corporation Name

THE PINES OF OAKLAND FOREST WEST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7686 WILES ROAD CORAL SPRINGS FL 33067-2069 US	7686 WILES ROAD CORAL SPRINGS FL 33067-2069 US

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
PINES OF OAKLAND FOREST WEST	
Suite, Apt. #, etc.: 3082 S OAKLAND FR DR (OFFICE)	Suite, Apt. #, etc.
City & State: OAKLAND PARK FL.	City & State
Zip: 33309 Country: BROWARD	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 03/11/1985

5. FEI Number: 59-2527669 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ — $8.75 Additional Fee required for a Certificate of Status

800003046018--4
-11/16/99--01080--019
****236.25 ****236.25

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	4
SD	HUGO, JEFF	3098 S OAKLAND PARK DR 1503	OAKLAND PARK FL 33309
PD	~~JOHNSTON, VIRGINIA~~ MEG WORKS	3040 S. OAKLAND PARK DR	OAKLAND PARK FL 33309
TD	CLARK, DUAN	3056 S OAKLAND FOREST DR 2305	OAKLAND PARK FL 33309
D	EDNEY, ADOFPHIS	3094 S OAKLAND FOREST DR 1706	OAKLAND PARK FL 33309
D	SPINA, JOE	3050 S OAKLAND FOREST DRIVE #200	OAKLAND PARK FL
VD	BERG, DENISE	3050 S OAKLAND FOREST DRIVE #200	FT LAUDERDALE FL

8. Name and Address of Current Registered Agent

MILES, JAMESE R
7686 WILES ROAD
CORAL SPRINGS FL 33067-2069

9. Name and Address of New Registered Agent

Name: Ann Kircher
Street Address (P.O. Box Number is Not Acceptable): 3082 S Oakland Fr. Dr Office
Suite, Apt. #, Etc.
City: Oakland Park State: FL Zip Code: 33309

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: 10/25/99

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: Meg M. Works REQUIRED — 10/30/99 — 730-9257
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (8/99)