PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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DIVISION OF CORPORATIONS
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CORPORATION REINSTATEMENT

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

REINSTATEMENT 99-00

DOCUMENT # P98000065032

1. Corporation Name: PINES WEST INVESTMENTS AT CHAPEL TRAIL, INC.

2. Principal Office Address		3. Mailing Office Address	
1275 Sawgrass Corporate PKWY.		1275 Sawgrass Corporate Parkway	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Sunrise, FL		City & State: Sunrise, FL	
Zip: 33323	Country: USA	Zip: 33323	Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 7/23/98

5. FEI Number: ☒ 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: COBER CORPORATE AGENTS, INC.
Street Address (P.O. Box Number is Not Acceptable): 2601 South Bayshore Drive,
Suite, Apt. #, Etc.: 19th Floor
City: Miami State: FL Zip Code: 33133

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 BY: COBER CORPORATE AGENTS, INC.
KAREN P. RONDELL, Treasurer
REGISTERED AGENT MUST SIGN
Date 8/7/00

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
D/P	DEPASS, GEOFFREY	1275 Sawgrass Corporate Pkwy.	Sunrise, FL 33323
D	HEPBURN, LLOYD R.	1275 Sawgrass Corporate Pkwy.	Sunrise, FL 33323
D	AMBROSE, JOHN R.	213 NW 209th Ave, Chapel TR Corporate Park	Pembroke Pines, FL 33029
	-		
			8/7

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
LLOYD R. HEPBURN, DIRECTOR

Date

(954) 851-9991
Daytime Phone #

CR2E081 (9/99)

Florida Department of State

Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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     Division of Corporations
     Fax Number     : (850)922-4004

From:
     Account Name   : COHEN, BERKE, BERNSTEIN, BRODIE & KONDELL, P.A.
     Account Number : 075410000050
     Phone          : (305)854-5900
     Fax Number     : (305)857-9322
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CORPORATION REINSTATEMENT

PINES WEST INVESTMENTS AT CHAPEL TRAIL, INC.

Certificate of Status	0
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