


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 13 JUN -6 PM 12:11 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 722695					
1. Corporation Name COBONET PINES CONDOMINIUM INC.					
2. Principal Office Address - No P.O. Box # 2428 Taylor St.		3. Mailing Office Address SAME		REINSTATEMENT 10-13	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Hollywood Florida		City & State 			
Zip 33020	Country 	Zip 3	Country 		
4. Date Incorporated or Qualified To Do Business in Florida 6-16-1972				5. FEI Number 591463514	
6. CERTIFICATE OF STATUS DESIRED				\$8.75 Additional Fee required for a Certificate of Status	
Name and Address of Current Registered Agent					
Name Olga A. Calrejn					
Street Address (P.O. Box Number is Not Acceptable) 2428 Taylor St					
Suite, Apt. #, Etc. Apt #4					
City Hollywood,		State FL	Zip Code 33020		
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 Olga A. Calrejn				Date 06-03-13	
REGISTERED AGENT MUST SIGN					
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		
PRES	Olga A. Calrejn	2428 Taylor St Apt 4	Hollywood, Florida 33020		
V-P	Edmund Poala	2428 Taylor St Apt 7	Hollywood, FL. 33020		
SEC.	CONCETTA DEPAOLA	2428 Taylor St Apt 7	Hollywood FL. 33020		
10. E-mail Address: _____ <small>(To be used for future annual report notification)</small>					
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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.					
SIGNATURE: Olga A. Calrejn		06-03-13		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					