

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC -8 AM 8:26

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

DOCUMENT # 732774

1. Corporation Name

Pine Brooke Condominium L
Association

2. Principal Office Address - No P.O. Box #

15900 S.W. 91st Ct

3. Mailing Office Address

15904 S.W. 91st Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami FL

Zip

Country

33157

Miami-Dade

Zip

Country

33157

Miami-Dade

7. Name and Address of Current Registered Agent

Name

Star L. Johnson

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

15900 S.W. 91st Court

Suite, Apt. #, Etc.

City

Miami FL

State

FL

Zip Code

33157

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

Star L. Johnson

Date

12/2/09

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	Star L. Johnson	15900 S.W. 91st Ct.	Miami FL 33157
VP	John Morrissey	15906 S.W. 91st Ct	Miami FL 33157
Secy/ Treas	Elsie McPherson	15904 S.W. 91st Ct.	Miami FL 33157

10. E-mail Address: ElsieMcP4@BellSouth.net

(To be used for future annual report notification)

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. 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.

SIGNATURE

Star L. Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/2/09

Daytime Phone #

786-877
4443

JA
128-09

900163327789

12/04/09--01007--012 **1715.00

CR2F081 (11/09)

REINSTATEMENT 85-09

4. Date Incorporated or Qualified
To Do Business in Florida

1974 or
1975

5. FEI Number

59-1652451

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.