

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY 17 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **732924**

1. Corporation Name

Pinebrooke Condominium M. Assoc, Inc.

REINSTATEMENT 1997-2010

000180986320
05/17/10--01056--006 **1041.25

CR2E081 (4/10)

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

3. Mailing Office Address

15830 SW 91st COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Palmetto Bay

Zip

Country

Zip

Country

33157

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/03/1975

5. FEI Number

591652476

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

ELADIO GARCIA

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

15830 SW 91st COURT

Suite, Apt. #, Etc.

City

Palmetto Bay

State

FL

Zip Code

33157

PROFIT CORPORATIONS ONLY
☐ The \$600.00 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.

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

REGISTERED AGENT MUST SIGN

Date

05/12/2010

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
P/S	Eladio Garcia	15830 SW 91st COURT	Palmetto Bay FL 33157
V/T	Jenny Lewellyn-Jones	15834 SW 91st COURT	Palmetto Bay FL 33157
D	Ivan Rodriguez	15836 SW 91st COURT	Palmetto Bay FL 33157

2.5/18

10. E-mail Address: **jennyllewellyn@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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/12/2010

Date

Daytime Phone #