

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUL 20 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B 7/23/07
REINSTATEMENT 05-02

CR2E081 (1/07)

DOCUMENT # 739746

1. Corporation Name

Pine Brooke Condominium Q
Association, Inc

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

18908 SW 80th CT

Suite, Apt. #, etc.

3. Mailing Office Address

18908 SW 80th CT

Suite, Apt. #, etc.

City & State

Cutler Bay, FL

Zip

33157

Country

DADE

City & State

Cutler Bay, FL

Zip

33157

Country

DADE

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

591762059

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

Lizett Merille

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

18908 SW 80th CT

Suite, Apt. #, Etc.

City

Cutler Bay

State

FL

Zip Code

33157

☒ 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.

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07/19/07--01054--004 **358.75

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

7/15/07

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/D	JOSE E. Merille	18908 SW 80 th CT	Cutler Bay FL 33157
V/D	Lizett Merille	18908 SW 80 th CT	Cutler Bay FL 33157
D	DIANE timpone	15802 SW 90 th CT	MIAMI FL 33157
D	Yoanys ARMAS	15804 SW 90 th CT	MIAMI FL 33157
D	Frank Capetillo	15806 SW 90 th CT	MIAMI FL 33157

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 contained in Chapter 119, 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

Lizett Merille

Date

7/15/07

Daytime Phone #

3052205122