

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

06 APR -4 PM 12: 15

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 103262006 (REIN-NP) CR2E099 (11/05) 05-06

DOCUMENT # 745128			
1. Entity Name PINEWOODS UNIT TWO, INC.			
Principal Place of Business 2166 PINWOOD CIRCLE NAPLES, FL 34105		Mailing Address 2166 PINWOOD CIRCLE NAPLES, FL 34105	
2. Principal Place of Business 2452 Pinewoods Cr.		3. Mailing Address 2452 Pinewoods Cr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Naples FL		City & State Naples, FL	
Zip 34105		Country Collin	
4. FEI Number 59-2589375		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent BITTING, DIANE 2166 PINWOOD CIRCLE NAPLES, FL 34105		7. Name and Address of New Registered Agent Name: Ellen Antonacchio Street Address (P.O. Box Number is Not Acceptable): 2166 2452 Pinewood Cr. City: Naples FL FL Zip Code: 34105	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE:		DATE:	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANTONACCHIO, ELLEN 2452 PINWOOD CIRCLE NAPLES, FL 34105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700070463637 04/14/06--01056--009 **122.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CARROLL, PETER 2428 CAMDEN CT NAPLES, FL 34105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BITTING, DIANE 2166 PINWOOD DR NAPLES, FL 34105 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAZZAND, JOE 2444 PINWOOD CIR NAPLES, FL 34105 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THEMAS, WILLIAM 2448 PINWOOD CIR NAPLES, FL 34105 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other five empowered.			
SIGNATURE:		Date: 239.434-0600	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	