

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
08 SEP 23 PM 2:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100136261621  
09/23/08--01040--003 \*\*297.50

**REINSTATEMENT** 07-08  
CR2E081 (12/07)

DOCUMENT # 745128

1. Corporation Name

Pinewoods Unit Two, Inc

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

2452 Pinewood Circle  
Suite, Apt. #, etc.

3. Mailing Office Address

2452 Pinewoods Circle  
Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34105

Country

USA

City & State

Naples, FL

Zip

34105

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/05/1978

5. FEI Number

592589375

☐ 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  
Peter Carroll

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

2428 Camden Ct

Suite, Apt. #, Etc.

Naples

City

Naples, FL 34

State

FL

Zip Code

34105

☐ 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.

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 9/22/2008

**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	Ellen Antonaccio	2452 Pinewood Cr.	Naples, FL 34105
V	Peter Carroll	2428 Camden Ct	Naples FL 34105

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

Vice pres. 9/22/2008

Date 239 434-2514

9/23  
aw