

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2018 FEB 15 AM 10:28

SEARCHED
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

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02/15/16--01020--001 **236.25

DOCUMENT # 749626

1. Corporation Name

The Pines at Woodmont - II Condominium Association

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

7124 N. Nob Hill Rd.

Suite, Apt. #, etc.

City & State

Tamarac, FL

Zip

33321

Country

United States

3. Mailing Office Address

7124 N. Nob Hill Rd

Suite, Apt. #, etc.

City & State

Tamarac, FL

Zip

33321

Country

United States

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business In Florida
May 21st, 2009

5. FEI Number

59-2130622

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

Cianfrone, Nikoloff, Grant, Greenberg & Sinclair, P.A

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

1964 Bayshore Boulevard

Suite, Apt. #, Etc.

Suite A

City

Dunedin

State

FL

Zip Code

34698

REINSTATEMENT

2.15.18

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 2/9/2018

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
President	Howard Friedman	8112 Pine Circle # 22	Tamarac, FL 33321
Vice President	Sonja Teretzsky	8128 Pine Circle # 18	Tamarac, FL 33321
Secretary	Barbara Nicholson	8184 Pine Circle # 4	Tamarac, FL 33321
Director	Ellie Weinberger	8225 Pine Drive # 62	Tamarac, FL 33321
Director	Frank Carpinello	8105 Pine Circle # 27	Tamarac, FL 33321

10. E-mail Address: Acc11@CCMFLA.com

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/2018

954-718-9903

Date

Daytime Phone #