


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 14 NOV 10 PM 4:26 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 749840					
1. Corporation Name Pinebrooke Condominium Association, Inc.					
2. Principal Office Address - No P.O. Box # 15819 S.W. 91 Ct. Suite, Apt. #, etc.		3. Mailing Office Address 15819 S.W. 91 Ct. Suite, Apt. #, etc.			
City & State Palmetto Bay, FL		City & State Palmetto Bay, FL		4. Date Incorporated or Qualified To Do Business in Florida 6/29/79	
Zip 33157	Country Dade, USA	Zip 33157	Country USA	5. FEI Number 59-1913068	Applied For Not Applicable
7. Name and Address of Current Registered Agent Name Cherri Gram Street Address (P.O. Box Number is Not Acceptable) 15819 S.W. 91 Ct. Suite, Apt. #, Etc.				6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status	
City Palmetto Bay		State FL	Zip Code 33157	300266369663 11/10/14--01046--001 **420.00	
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: Cherri B. Gram REGISTERED AGENT MUST SIGN Date: 11/08/14					
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	
PTD	Cherri Gram	15819 S.W. 91 Ct.		Palmetto Bay, FL 33157	
VD	Jorge DeMoya	14600 S.W. 136 St.		Miami, FL 33187	
SD	Andrew Wong	12300 S.W. 70 Ct.		Pinecrest, FL 33156	
10. E-mail Address: grach@comcast.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., 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: Cherri B. Gram SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 11/08/14 Daytime Phone #: 305-233-2795					

RG 11/13/14