

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 749841

1. Corporation Name

Pinebrooke Condominium Z Association, INC.

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

C/o 15809 SW 91 Court

Suite, Apt. #, etc.

City & State

Palmetto Bay, FL

Zip

33157

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/19/1979

5. FEI Number
591913006

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

Gloria Crusan

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

15809 SW 91 Court

Suite, Apt. #, Etc.

City

Palmetto 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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11/25/09-01004-028 **100.61

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 11/09/09

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
D	Longnecker, Robert	15811 SW 91 Ct	Palmetto Bay, Florida, 33157
D	Tanner, Carol	15807 SW 91 Ct	Palmetto Bay, Florida, 33157
D	Crusan, Gloria	15809 SW 91 Ct	Palmetto Bay, Florida, 33157
D	Bonilla, Rosa	15805 SW 91 Ct	Palmetto Bay, Florida, 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

Gloria Crusan

Date

Daytime Phone #

11/21/09 786 277-2333

FILED

09 NOV 25 PM 4:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E081 (12/08)

04-09