

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 JUN 18 AM 11:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # G84240

1. Corporation Name

Pine Properties Corporation

2. Principal Office Address

1960 N Congress Ave

3. Mailing Office Address

P.O. Box 740296

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

Boynton Beach, FL

Zip

33409

Country

PALM BEACH

Zip

33474

Country

PACH BEACH

4. Date Incorporated or Qualified  
To Do Business in Florida

2/84

5. FEI Number

59-2377333

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

Gerald Frankel

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

6787 Fiji Circle

Suite, Apt. #, Etc.

City

Boynton Beach

State

FL

Zip Code

33437

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

6/13/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip      |
|--------|--------------------------------------|---------------------------------------------------|-------------------------|
| PD     | Frankel, Gerald                      | 6787 Fiji Circle                                  | Boynton Beach, FL 33437 |
| VPD    | Frankel, Marilyn                     | 6787 Fiji Circle                                  | Boynton Beach, FL 33437 |
|        |                                      |                                                   |                         |
|        |                                      |                                                   |                         |
|        |                                      |                                                   |                         |
|        |                                      |                                                   |                         |

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 under section 119.07(3)(i), 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

Date

Daytime Phone #