

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM AND

APPROVED
FILED

00 DEC -1 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDALIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L99000007370

1. Limited Liability Company's Name

Pinewood Development of Broward County, L.L.C.
1707 SE 14 Street
Fort Lauderdale, FL 33316

REINSTATEMENT 2000

2. Principal Office Address

Same as above

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

Same as above

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Broward/Florida

5. Date Organized or Qualified
To Do Business in Florida

11/2/99

6. FEI Number

65-0971399

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Gregory Macneir

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

1707 SE 14 Street

Suite, Apt. #, Etc.

Fort Lauderdale

City

Fort Lauderdale

State
FL

Zip Code 33316

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Date 11/29/00

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Gregory Macneir	1707 SE 11 Street	Fort Lauderdale, FL 33316
MGRM	Lisa Macneir	same	same

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Date 11/29/00

Daytime Phone # (954) 467-7435

Typed or printed name of signing Managing Member/Manager

Gregory Macneir

CR2B041 (9/99)