

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 NOV 13 PM 12:34

**DOCUMENT # N00000006432**

1. Corporation Name

**PINEIRO CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

1793 WEST 37TH STREET  
#2  
HIALEAH, FL 33012

Mailing Address

1793 WEST 37TH STREET  
#2  
HIALEAH FL 33012

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



**REINSTATEMENT** 01  
05-14-01 90002 028 \$70.00

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

09/27/2000

5. FEI Number

N/A

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	PINEIRO, MIGUEL	1793 WEST 37TH STREET	HIALEAH FL 33012
D	PINEIRO, CARMEN M	1793 WEST 37TH STREET	HIALEAH FL 33012
D	PINEIRO, MIGUEL DE JESU JR.	1793 WEST 37TH STREET	HIALEAH FL 33012

100004700941--9  
11/30/01 01076 001  
\*\*\*\*175.00 \*\*\*\*175.00

8. Name and Address of Current Registered Agent

PINEIRO, MIGUEL  
1793 WEST 37TH STREET  
#2  
HIALEAH FL 33012

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*[Handwritten Signature]*  
REGISTERED AGENT MUST SIGN

Date

11/8/2001

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., 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:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/18/01

Date

(305) 24-5757

Daytime Phone #

CR20040 (801)