

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N00316

1. Entity Name
PINE TREE INDUSTRIAL PARK OWNERS ASSOCIATION
INC.



FILED

2007 SEP 24 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09192007 REIN-NP CR2E099 (1/07)

Principal Place of Business
9095 17TH PLACE
VERO BEACH, FL 32966 US

Mailing Address
2140 87TH AVE
VERO BEACH, FL 32966

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-2496491

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRIFFIN, WENDY
2140 87TH AVE
VERO BEACH, FL 32966

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Wendy Griffin
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required upon reinstating)

DATE

9-19-07

FILE NOW!!! FEE IS \$61.25
After January 1, 2008, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME GRIFFIN, JASON A
STREET ADDRESS 2140 87TH AVE
CITY-ST-ZIP VERO BEACH, FL 32966 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 600109847346
09/24/07--01067--018 **\$61.25

TITLE VPD
NAME WALLACE, JAMES ANDREW
STREET ADDRESS 9095 17TH PLACE
CITY-ST-ZIP VERO BEACH, FL 32966 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD
NAME GRIFFIN, WENDY H
STREET ADDRESS 2140 87TH AVE
CITY-ST-ZIP VERO BEACH, FL 32966 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Wendy Griffin 9-19-07 772-633-7683
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #