

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N02000002542

1. Entity Name
PINE CLUB OF FLORIDA, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC 20 AM 8:00

REINSTATEMENT 04



Principal Place of Business
873 STERTHAUS AVE, STE 303
ORMOND BCH, FL 32174

Mailing Address
873 STERTHAUS AVE, STE 303
ORMOND BCH, FL 32174

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10282004 REIN-NP

CR2E099 (6/04)

MRD

City & State

City & State

4. FEI Number
59-3622303

Applied For
Not Applicable

Zip

Country

Zip

Country

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

VERA, M.D., ARNOLD M.SC.
873 STERTHAUS AVE, STE 303
ORMOND BCH, FL 32174

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

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12/15/2004

DATE

FILE NOW!!! FEE IS \$236.25
After January 1, 2005, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME VERA, M.D., ARNOLD M.SC.
STREET ADDRESS 873 STERTHAUS AVE, STE 303
CITY-ST-ZIP ORMOND BCH, FL 32174

TITLE ☐ Change ☐ Addition
NAME 200043538662
STREET ADDRESS 12/20/04--01062--025 **236.25
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SCOTT, M.D., JAMES A PH.D.
STREET ADDRESS 311 N CLYDE MORRIS BLVD, STE 490
CITY-ST-ZIP DAYTONA BCH, FL 32114

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

TITLE D ☐ Delete
NAME ROTSTEIN, JACK
STREET ADDRESS 1236 MASON AVE
CITY-ST-ZIP DAYTONA BCH, FL 32117

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 exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/15/2004

Date

(386) 677-2929

Daytime Phone #