

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000007645

FILED  
Nov 10, 2005  
Secretary of State

**Entity Name:** PINECREST NORTH ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

GROVE PLAZA 2ND FL  
2900 SW 28TH TERR  
COCONUT GROVE, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

GROVE PLAZA 2ND FL  
2900 SW 28TH TERR  
COCONUT GROVE, FL 33133

**New Mailing Address:**

**FEI Number:** 20-0223372

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NEAL S. LITMAN, P.A.  
GROVE PLAZA 2ND FL  
2900 SW 28TH TERR  
COCONUT GROVE, FL 33133 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: NEAL S. LITMAN

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SHEAR, GARY O  
Address: 6817 SW 81 TERR  
City-St-Zip: MIAMI, FL 33143

Title: D ( ) Delete  
Name: SHEAR, DANA  
Address: 6817 SW 81 TERR  
City-St-Zip: MIAMI, FL 33143

Title: D ( ) Delete  
Name: SCOTT, CHARLES  
Address: 6817 SW 81 TERR  
City-St-Zip: MIAMI, FL 33143

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY O SHEAR

D

11/10/2005

Electronic Signature of Signing Officer or Director

Date