

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 SEP 21 PM 1:30

DOCUMENT # N06000005804

1. Corporation Name

Pinetree Residences Condominium
ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #

2850 Pinetree Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 4216

Suite, Apt. #, etc.

City & State

Miami Beach, Fl.

City & State

Coral Gables, Fl.

Zip

33140

Country

USA

Zip

33114

Country

USA

700185670017
09/21/10--01002--003 **297.50

KS

REINSTATEMENT 09-10

4. Date Incorporated or Qualified
To Do Business in Florida

5/30/06

5. FEI Number

20-4972446

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Clear Sky Property Management

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

2423 LeJeune Road

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33134

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 9/10/10.

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Pamela Palma	2850 Pinetree Dr # 3	Miami Beach, Fl. 33140
VPT	Joanne Herald	2850 Pinetree Dr # 2	Miami Beach, Fl. 33140
SEC	Gabriela Giampaoli	2850 Pinetree Dr. # 5	Miami Beach, Fl. 33140

10. E-mail Address:

Kurbay@clearskymanagement.com

(To be used for future annual report notification)

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. I further certify, 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-11-2010

Date

786-897-
8856

Daytime Phone #