

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**FILED**

12 MAY 10 AM 8:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N06000010464

1. Corporation Name

Pine Hollow II Condominium Association, Inc

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

845 NE 79 St

Suite, Apt. #, etc.

City & State

Miami, FL.

Zip

33138

Country

US

3. Mailing Office Address

845 NE 79 St

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33138

Country

US

CR2B081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

10/5/06

5. FEI Number  
20-8154854

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$9.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Joel Piotrkowski

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

317-71 Street

Suite, Apt. #, Etc.

City

Miami Beach

State

FL

Zip Code

33141

000234912440  
05/10/12--01005--007 \*\*236.25

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

Date 04/30/2012

REGISTERED AGENT MUST SIGN

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
Mgr	Mordechai Boaziz	845 NE 79 Street	Miami, FL. 33138
			S. HAWKES
			MAY - 2012
			EXAMINER

10. E-mail Address: simrabi@gmail.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 corporation name satisfies the requirements of section 607.0401 or 617.0401, F.S., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/2012 305-398-7574

Date

Daytime Phone #