

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N98000006189

FILED  
Sep 19, 2005  
Secretary of State

**Entity Name:** PINECREST COMMUNITY OUTREACH, INC.

**Current Principal Place of Business:**

3504 HIBISCUS PLACE  
MIRAMAR, FL 33023

**New Principal Place of Business:**

3090 HOLIDAY SPRINGS BLVD.  
SUITE 210  
MARGATE, FL 33063

**Current Mailing Address:**

3090 HOLIDAY SPRINGS BLVD  
STE # 210  
MARGATE, FL 33063

**New Mailing Address:**

**FEI Number:** 65-0876996      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

HUNTE, JOSEPHINE M  
3090 HOLIDAY SPRINGS BLVD  
STE 210  
MARGATE, FL 33063 US

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: JOSEPHINE HUNTE

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HUNTE, JOSEPHINE M  
Address: 3090 HOLIDAY SPRINGS BLVD.  
City-St-Zip: MARGATE, FL 33063

Title: D ( ) Delete  
Name: STINETTE, JUANTA  
Address: 11 TROTTERS WAY  
City-St-Zip: DALLAS, GA 30132

Title: D ( ) Delete  
Name: LARKEN, GILMO  
Address: 6565 BENEVA ST  
City-St-Zip: LAKE WORTH, FL 33467

**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: JOSEPHINE HUNTE

PD

09/19/2005

Electronic Signature of Signing Officer or Director

Date