FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 2: 52

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

00 -D2 WBR

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****183.75 ****183.75

DOCUMENT # N99000003422

1. Corporation Name

IN THE PINES HOMEOWNERS ASSOCIATION, INC.

W02-10557

2. Principal Office Address	**3.** Mailing Office Address
11555 HERON BAY BLVD.	11555 HERON BAY BLVD.
Suite, Apt. #, etc.: SUITE 200	Suite, Apt. #, etc.: SUITE 200
City & State: CORAL SPRINGS, FL	City & State: CORAL SPRINGS, FL
Zip: 33076 Country: US	Zip: 33076 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 6/2/99

5. FEI Number: 65-0958608 ☒ 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: MICHAEL WAROFF, CPA

Street Address (P.O. Box Number is Not Acceptable): 11555 HERON BAY BLVD.

Suite, Apt. #, Etc.: SUITE 200

City: CORAL SPRINGS State: FL Zip Code: 33076

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: 3/25/02

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
D	MARK D. ROTHENBERG	11555 HERON BAY BLVD. SUITE 200	CORAL SPRINGS, FL 33076

10. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: _____ Mark Rothenberg 3/25/02 561.235-5123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ns 5/14/02

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

April 15, 2002

IN THE PINES HOMEOWNERS ASSOCIATION, INC.
11555 HERON ABY BLVD
SUITE 200
CORAL SPRINGS, FL 33076

SUBJECT: IN THE PINES HOMEOWNERS ASSOCIATION, INC.
Ref. Number: N99000003422

We have received your document for IN THE PINES HOMEOWNERS ASSOCIATION, INC. and check(s) totaling $297.50. However, your check(s) and document are being returned for the following:

Please be advised the above reference corporation was administratively dissolved or its certificate of authority was revoked for failure to file its 2000 corporate annual report/uniform business report form. Our records indicate the 2000 annual report/uniform business report was returned by the U.S. Postal Service as undeliverable. Therefore, we can waive the reinstatement fee, only the report fees for each year is required to make the corporation active.

The total amount required is $183.75. Add an additional $8.75 for each certificate of status requested.

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Andy Dunlap
Document Specialist Supervisor

Letter Number: 802A00022317