

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 OCT -8 AM 11:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000065285

1. Corporation Name

PINES LAW CENTER: A PRIVATE LAW FIRM, P.A.

800041731448  
10/08/04--01071--001 \*\*758.75

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2. Principal Office Address

9050 PINES BLVD

Suite, Apt. #, etc.

300

City & State

PEMBROKE PINES, FL

Zip

33024

Country

USA

3. Mailing Office Address

9050 PINES BLVD

Suite, Apt. #, etc.

SUITE 300

City & State

PEMBROKE PINES, FLORIDA

Zip

33024

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

01/05/2000

5. FEI Number

43-2062472

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

NATHANIEL J. BIRDSONG III

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

9050 PINES BLVD.

Suite, Apt. #, Etc.

300

City

PEMBROKE PINES

State

FL

Zip Code

33024

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

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
00	NATHANIEL J. BIRDSONG III	9050 PINES BLVD, SUITE 300	PEMBROKE PINES, FL 33024
D	MICHAEL A. SAMUDA	9050 PINES BLVD, SUITE 300	PEMBROKE PINES, FL 33024

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/07/04 (954) 437-9720  
Date Daytime Phone #

CR2E081 (01/04)