

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 NOV -6 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

DOCUMENT # P02000111070

1. Corporation Name

PINECREST II, INC.

Principal Place of Business

Mailing Address

4120 SUNSHINE RD
COCONUT GROVE FL 33133

4120 SUNSHINE RD
COCONUT GROVE FL 33133

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/15/2002

5. FEI Number

81-0576631

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	HAYS, ROBERT N	4120 SUNSHINE RD	COCONUT GROVE FL 33133
VP	ROUSSEAU, JOSEPH	1300 CAMPAMENTO AVENUE	GORAL GABLES FL 33156

8. Name and Address of Current Registered Agent

HAYS, ROBERT
4120 SUNSHINE RD.
COCONUT GROVE FL 33133

9. Name and Address of New Registered Agent

Name

SAME

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Robert Hays
REGISTERED AGENT MUST SIGN

Date 10-23-03

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 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:

Robert Hays
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-03/305-989-0738
Date Daytime Phone #

CR2040 (7/03)

October 27, 2003

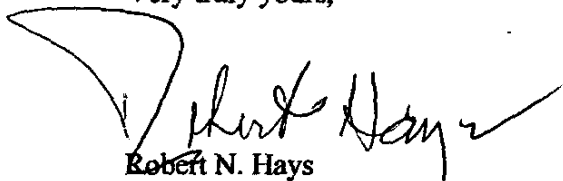
Division of Corporations
Annual Report / Reinstatement Section
PO Box 6327
Tallahassee, Fla 37314

Subject: Application for Reinstatement
BTB Management Services, Inc.
Pinecrest II, Inc.

To Whom It May Concern:

Please be advised that the UBR notices for the above corporations were not received.
Attached is a check in the amount of \$150.00 for the reinstatement fee for each company.
Please process at your earliest convenience and contact me if further discussion /
information is necessary.

Very truly yours,

A handwritten signature in black ink, appearing to read "Robert N. Hays", with a large, stylized initial "R" on the left.

Robert N. Hays