

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 FEB -5 AM 10: 01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P0300011174

1. Corporation Name

PINE ISLAND PLAZA MANAGEMENT  
CORP.

300087606023  
02/08/07--01001--029 \*\*1050.00

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

6400 N. ANDREWS AVE.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

500

Suite, Apt. #, etc.

SAME

City & State

FT. LAUD. FL

City & State

SAME

Zip

33309

Country

BROWARD

Zip

SAME

Country

SAME

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

10/8/03

5. FEI Number

20-0291031

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

JEFFREY M. ROSENBERG

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

6400 N. ANDREWS AVE.

Suite, Apt. #, Etc.

SUITE 500

City

FT. LAUD.

State

FL

Zip Code

33309

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 1/30/07

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
PRES	PAUL WEINER	6400 N. ANDREWS AVE SUITE 500	FT. LAUD. FL 33309
V.P.	BRUCE WEINER	SAME	SAME
SECTY TREAS	JEFFREY M. ROSENBERG	SAME	SAME

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* Sect/Treas

1/30/07

Date

Daytime Phone #

954  
71-3305

B. Mitchell FEB 5 2007