

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FLORIDA DEPARTMENT OF STATE

APPLICATION
FOR

REINSTATEMENT

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000041874

1. Corporation Name

PINES MANAGEMENT COMPANY

Principal Place of Business

Mailing Address

5445 COLLINS AVE
CU-8
MIAMI BEACH FL 33140
US

PO BOX 414235
MIAMI BEACH FL 33141/235
US

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

33141-0235 USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/31/1994

5. FEI Number

65-0511016

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	PINEDA, MAXHER	5445 COLLINS AVE CU-8	MIAMI BEACH FL
S	LAMANNA, ALEXANDRA	5445 COLLINS AVENUE, SUITE 400 CU-8	MIAMI BEACH FL 33140

900003459199--1
-11/09/00-01088-010
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PINEDA, MAXHER
5445 COLLINS AVE STE CU-08
CU-8
MIAMI BEACH FL 33141

Name

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.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/29/00

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:

ALEXANDRA LAMANNA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lamanna

Date

10/20/00

Daytime Phone #

(305) 861-4605

October 20, 2000

Florida Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: Reinstatement of Corporation - Pines Management FEI Number
65-0511016. Document # P94000041874.

Dear Representative:

Please be informed that we never received the regular annual report from you. As you can see we always paid on time all the past years.

Attached, please find the last and only form we received dissolving our company.

We are asking you in a very respectful manner to make an exception and accept the regular fee to reinstate our company.

Our correct mailing address **has always been:**

P.O. Box 414235
Miami Beach, FL 33141-0235

(Apparently someone change your records, please make the necessary corrections to avoid future problems)

Thank you in advance for your immediate attention to this matter.

Very truly,

Maxher Pineda
President of Pines Management Company

Cc. File.