

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 754776  
1. Corporation Name

HACIENDAS-PINES PROPERTY OWNERS ASSOCIATION, INC.)

2. Principal Office Address - No P.O. Box # 3011 Airport Pulling Road North		3. Mailing Office Address 3011 Airport Pulling Road North	
Suite, Apt. #, etc. Suite 100		Suite, Apt. #, etc. Suite 100	
City & State Naples, Florida		City & State Naples, Florida	
Zip 34105	Country United States	Zip 34105	Country United States

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 900376001359  
 11/02/21--01022--019 \*\*2231.25  
 CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida 10/22/1980

5. FEI Number 47-3581591 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
Meredith Peck Ralston

Street Address (P.O. Box Number is Not Acceptable)  
5200 Tamiami Trail North

Suite, Apt. #, Etc.  
Suite 101

City Naples State FL Zip Code 34103

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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 *Meredith Peck Ralston* Date 11/8/21  
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
P	Walter Boyce	3811 Airport Pulling Road North, Suite 100	Naples, Florida 34105
V	MELANIE BLACK	3811 Airport Pulling Road North, Suite 100	Naples, Florida 34105
T	CARL CHATFIELD	3811 AIRPORT PULLING ROAD, SUITE 100	NAPLES, FLORIDA 34105

10. E-mail Address: WRBOYCE@OUTLOOK.COM  
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 617.155, F.S.

SIGNATURE: *Walter Boyce* WALTER BOYCE, PRESIDENT JUNE 24, 2021 6132919001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

NOV - 3 2021  
C Kinsey