

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 APR 14 PM 1:41

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # **N01000005891**

1. Corporation Name

Tall Pines Waterway Estates Property Owners' Association West, Inc.

2. Principal Office Address

6963 Wilson Road

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33413

Country

USA

3. Mailing Office Address

6963 Wilson Road

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33413

Country

USA

REINSTATEMENT 03-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

08/15/2001

5. FEI Number

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

John D. Rawn

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

6963 Wilson Road

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33413

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

4-1-05

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/D	John D. Rawn	6963 Wilson Road	West Palm Beach, FL, 33413
V/D	Bonnie Rawn	6963 Wilson Road	West Palm Beach, FL, 33413
S/T/D	Jack Rawn	6963 Wilson Road	West Palm Beach, FL, 33413

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John D. Rawn Pres

Date

4-1-05 561-478-7445

Daytime Phone #

CR2E081 (01/05)