

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N09019**

1. Corporation Name

PEBBLE BEACH PROPERTY OWNERS ASSOC., INC.

FILED

01 FEB 22 AM 11:17

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

905 PEBBLE LANE
 VERO BEACH FL 32963
 US

P.O. BOX 8083
 VERO BEACH FL 32963-8083



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-02/28/01--01044--001

****236.25 ****236.25

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

4. Date Incorporated or Qualified To Do Business in Florida

05/01/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2632683

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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
TD	DALTON, CAROL	905 PEBBLE LANE	VERO BEACH FL
VPD	STEVE MARIESTA	905 PEBBLE LANE	VERO BEACH FL
PD	DALTON, THOMAS	905 PEBBLE LANE	VERO BEACH FL
TD	JOANNE SARDELLA	936 PEBBLE LN	VERO BEACH FL
VPD	JOHN COOK	906 PEBBLE LN	VERO BEACH FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DALTON, THOMAS
 905 PEBBLE LANE
 VERO BEACH FL 32963

Name

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

Suite, Apt. #, Etc.

City

State

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

Thomas Dalton
SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date

2/12/01

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:

Thomas Dalton
SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-231-0758
 2/12/01

CR2E040 (800)