

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **N13683**

1. Corporation Name
PINE RIDGE AT SUGAR CREEK VILLAGE I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 2180 W. SR 434 STE.5000 LONGWOOD FL 32779-5044 US	Mailing Address 2180 W. SR 434 STE.5000 LONGWOOD FL 32779-5044 US
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip	4. Date Incorporated or Qualified To Do Business in Florida 03/04/1986	5. FEI Number 65-0014689 Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
PD	RIBANDO, JOSEPH	13028 CYPRESS HILL DR	HUDSON FL
VD	ROSSER, GORDON	12200 FOX CHASE DRIVE	HUDSON FL
TD	PERSEGHIN, RICHARD	12119 SUNNY GLEN LANE	HUDSON FL
SD	FRAGOSO, AL	13103 CYPRESS HILL DRIVE	HUDSON FL
D	SUTCH, ART	13128 CYORESS HILL DR	HUDSON FL

8. Name and Address of Current Registered Agent REIMER, FREDERICK 4800 MILE STRETCH HOLIDAY FL 34690	9. Name and Address of New Registered Agent Name JAMES W. HART, JR. Street Address (P.O. Box Number is Not Acceptable) SENTRY MANAGEMENT, INC. 2180 WEST S.R. 434 Suite, Apt. #, Etc. SUITE 5000 City LONGWOOD State FL Zip Code 32779-5044
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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: Date: **11/3/99**

REGISTERED AGENT MUST SIGN

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: **K. Joseph Ribando (President)** Date: **10-22-99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

FILED
99 NOV 15 PM 6:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 99 **ITS**

CR2E040 (8/99)