

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N16141**

1. Corporation Name

**Pine Island Resort Club Condominium Association  
Inc.**

2. Principal Office Address - No P.O. Box #

**4660 Pine Island Rd**

Suite, Apt. #, etc.

**Unit A**

City & State

**MATLACHA, FL**

Zip

**33993**

Country

**Lee**

3. Mailing Office Address

**Same**

Suite, Apt. #, etc.

City & State

Zip

**33993**

Country

**Lee**

7. Name and Address of Current Registered Agent

Name

**LINAYA YATES-LEA**

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

**4660 Pine Island Rd**

Suite, Apt. #, Etc.

**Unit A**

City

**MATLACHA, FL**

State

**FL**

Zip Code

**33993**

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

**LINAYA YATES-LEA**

REGISTERED AGENT MUST SIGN

Date **5-27-10**

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	ANDREW T. JAROSH	4660 Pine Island Road Unit C	Matlacha, FL 33993
Treas.	LINAYA YATES-LEA	4660 Pine Island Road Unit A	MATLACHA, FL 33993
Secy	Lisa Baird	4660 Pine Island Road, Unit B	MATLACHA, FL 33993

10. E-mail Address: **linayayateslea@comcast.net**

(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., 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.

SIGNATURE:

**LINAYA YATES-LEA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-27-10**

Date

Daytime Phone #

FILED

10 JUN -3 AM 7:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000181665200  
06/03/10--01018--004 \*\*1277.50

REINSTATEMENT 93-10

4. Date Incorporated or Qualified  
To Do Business in Florida

**7/31/1986**

5. FEI Number

**650326172**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

PROFIT CORPORATIONS ONLY

☐ The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.