

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 JUL -3 PH 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N21856

1. Corporation Name

The Estates of Pioneer Lakes Property Owners' Association, Inc.

2. Principal Office Address
505 S. Flagler Drive

3. Mailing Office Address
P.O. Box 3475

Suite, Apt. #, etc.
Suite 1100

Suite, Apt. #, etc.

City & State
West Palm Beach, FL

City & State
West Palm Beach, FL

Zip Country
33401 US

Zip Country
33402-3475 US

REINSTATEMENT 97-00

4. Date Incorporated or Qualified To Do Business in Florida
08/12/88

5. FEI Number Applied For
65-0120861 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
Peter S. Holton

Street Address (P.O. Box Number is Not Acceptable)
505 S. Flagler Drive

600003329156-2
-07/20/00--01013--04
****420.00 ****420.00

Suite, Apt. #, Etc.
Suite 1100

City
West Palm Beach

State Zip Code
FL 33401

LS 1

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 *[Signature]*

Date 6/22/00

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
	Peter S. Holton	505 S. Flagler Drive	West Palm Beach, FL 33401
	Gordon Selfridge	7281 Pioneer Lakes Cir	West Palm Beach, FL 33413
	James Moran	8541 Judson Circle	Boynton Beach, FL 33437
	Anthony Federico	7175 Pioneer Lakes Circle	West Palm Beach, FL 33413
<i>Psu</i>	Gilbert Rosoff	7070 Pioneer Road	West Palm Beach, FL 33413
<i>Psu</i>	Mark Grandusky	7340 Pioneer 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 6/22/00

Daytime Phone #

CR2E081 (9/99)