

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 OCT 29 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000003004

1. Corporation Name

PROVIDENCE PLACE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 3094
PINELLAS PARK FL 33780-3094
US

P.O. BOX 3094
PINELLAS PARK FL 33780-3094
US



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

06/22/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3310569

Applied For

Not Applicable

City & State

City & State

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
STD	MAHER, SHARON K Fisher, Jill	10728 57TH ST N 10734 56th St N	PINELLAS PARK FL 33782
VPD	KAYHART, PATRICIA Popejoy, Peggy	10735 57TH ST N 10741 56th St N	PINELLAS PARK FL 33782
DP	PAWLIKOWSKI, RICHARD French, Debbie	10750 57TH ST 10744 57th St N	PINELLAS PARK FL 33782

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MAHER, SHARON K
10728 5TH ST N
PINELLAS PARK FL 33782

Name

Jill Fisher

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

PO Box 3094 10734 56th St N

Suite, Apt. #, Etc.

City

Pinellas Park

State

FL

Zip Code

33782

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. or 617.0505, F.S.

Signature of
Registered Agent

Jill Fisher
REGISTERED AGENT MUST SIGN

Date 10-1-03

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:

Jill Fisher Jill Fisher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-1-03

Date

727
547-4799

Daytime Phone #

CR2E04G (7/03)