


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> <u>NA10000001860</u>			
<b>1. Corporation Name</b> Pineforest Home Owners' Association Inc.			
<b>Principal Place of Business</b> 12885 Pineforest Way W. Largo, Florida 33773		<b>Mailing Address</b> same	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
<b>2. New Principal Office Address, If Applicable</b> Suite, Apt. #, etc. City & State Zip		<b>3. New Mailing Office Address, If Applicable</b> Suite, Apt. #, etc. City & State Zip	
		<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 04/05/1996	
		<b>5. FEI Number</b> 59-3373998	
		<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	
<b>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres. (P/D)	Salvatore Gattuso	12920 Pineforest Way W.	Largo, Fl. 33773
V.Pres. (V/D)	Jeffrey Mestler	12614 Pineforest Way E.	Largo, Fl. 33773
Sec. (S/D)	Robert Nash	12885 Pineforest Way W.	Largo, Fl. 33773
Tres. (D)	Tammy Kimble	12611 Pineforest Way E.	Largo, Fl. 33773
Dir. (D)	Debbie Kidd	12777 Pineforest Way N.	Largo, Fl. 33773
<b>8. Name and Address of Current Registered Agent</b> Frank M. Randazzo Custom Community Mgmt. 2331 Bellair Rd. Su-D Clearwater, FL. 34624			
<b>9. Name and Address of New Registered Agent</b> Name: Robert P. Nash Street Address (P.O. Box Number is Not Acceptable): 12885 Pineforest Way W. Suite, Apt. #, Etc.: City: Largo State: FL Zip: 33773			
<b>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.</b> Signature of Registered Agent: <u>Robert P. Nash</u> Date: <u>04/13/99</u> REGISTERED AGENT MUST SIGN			
<b>11. This corporation owes the current year Intangible Personal Property Tax due June 30.</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)			
<b>12. 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.</b> Salvatore Gattuso <b>SIGNATURE:</b> <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Phone: 727-538-9088 04/12/1999 Date: Daytime Phone:			

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 98-99 TB 5/17/99

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