

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

00 FEB 25 PM 3:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 759794**

1. Corporation Name

Pier House Condominium Association, Inc.  
W-4243

2. Principal Office Address

3. Mailing Office Address

P.O. Box 391

P.O. Box 391

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Indian Rocks Beach

Indian Rocks Beach

Zip

Country

Zip

Country

33785

Pinellas

33785

Pinellas

**REINSTATEMENT 96-00**

4. Date Incorporated or Qualified  
To Do Business in Florida

8-26-81

5. FEI Number

59-2320737

Applied For

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

John A. Pacini

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

20019 Gulf Blvd.

Suite, Apt. #, Etc.

10

City

Indian Shores

800003169888-1

-03/14/00--01119--017

\*\*\*\*\*8.75 \*\*\*\*\*8.75

800003169888-1

-03/14/00--01119--018

\*\*\*306.25 \*\*\*306.25

State

Zip Code

FL

33785

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 2-14-00

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
President	D. John A. Pacini	20019 Gulf Blvd #10	Indian Shores FL 33785
Sec.	D. Donthera Cheatey	5197 Laurence Dr	D. Clearwater FL 34624
Treas	D. Alton Evans	20019 Gulf Blvd #10	Indian Shores FL 33785
			800003169888-1 -03/14/00--01119--019 *****175.00 *****175.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John A. Pacini 2-14-00 787-517-0757

Date

Daytime Phone #

CR2E081 (9/99)