PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
03 DEC 15 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2003

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12/15/03--01011--001 **236.25

DOCUMENT # 721352

1. Corporation Name

PENTHOUSE GREENS ASSOCIATION NO. B, INC

Principal Place of Business	Mailing Address
225 COUNTRY CLUB DRIVE LARGO FL 33771-2249	225 COUNTRY CLUB DRIVE LARGO FL 33771-2249

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 07/15/1971

5. FEI Number: 59-1380272 ☐ Applied For ☐ Not Applicable

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
PD	MALINVERNI, PETER	225 COUNTRY CLUB DR B214	LARGO FL 33771
VD	BURZESE, RICHARD	225 COUNTRY CLUB DR B118	LARGO FL 33771
SD	TENNEY, CHRIS	225 COUNTRY CLUB DR B114	LARGO FL 33771
TD	GRANT, SHANNON	225 COUNTRY CLUB DR B322	LARGO FL 33771
~~D~~	~~DODMAN, ROBERT~~	~~225 COUNTRY CLUB DR B313~~	~~LARGO FL 33771~~

8. Name and Address of Current Registered Agent

PETER, MALINVERNI
225 COUNTRY CLUB DR
B214
LARGO FL 33771-2249

9. Name and Address of New Registered Agent

Name: Shannon Grant
Street Address (P.O. Box Number is Not Acceptable): 225 Country Club Dr
Suite, Apt. #, Etc.: Unit B-322
City: Largo State: FL Zip Code: 33771

CR2E040 (7/03)

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: Shannon Grant SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date: 12/8/03

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: Shannon Grant SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 12/8/03

Daytime Phone #: (727) 539-7429