

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 21 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 125167

1. Corporation Name

Peace River Golf Condominium No. 100 Inc.

2. Principal Office Address

220 N. Idlewood Ave.

3. Mailing Office Address

220 N. Idlewood Ave.

Suite, Apt. #, etc.

Unit 208

Suite, Apt. #, etc.

Unit 208

City & State

Bartow, FL

City & State

Bartow, FL

Zip

33830

Country

USA

Zip

33830

Country

USA

400012793514
02/19/03--01053--017 **297.50

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

592334029

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
Scott C. Lowery

Street Address (P.O. Box Number is Not Acceptable)
220 N. Idlewood Ave.

Suite, Apt. #, Etc.
Unit 208

City
Bartow

State
FL

Zip Code
33830

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

REGISTERED AGENT MUST SIGN

Date 2/14/03

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
p	Tracy Anderson ✓	220 N. Idlewood Ave., Unit 207	Bartow, FL 33830
VP	Joan Smith ✓	220 N. Idlewood Ave., Unit 205	Bartow, FL 33830
ST	William J. Fowler ✓	220 N. Idlewood Ave., Unit 202	Bartow, FL 33830
D	Scott C. Lowery ✓	220 N. Idlewood Ave., Unit 208	Bartow, FL 33830
D	Gerald Tucker ✓	220 N. Idlewood Ave., Unit 108	Bartow, FL 33830
D	Karen Guffey	1250 Spring Court	Bartow, FL 33830

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

(Scott C. Lowery)

2/14/03

Date

863-293-4226

Daytime Phone #

CR2E081 (10/02)