

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

14 SEP 2014 AM 8:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** 727506

1. Corporation Name

Pinewood Condominium of Lehigh Acres, Inc.

2. Principal Office Address - No P.O. Box #

3. Mailing Office Address

16 Pinewood Boulevard 16 Pinewood Boulevard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lehigh Acres, FL

Lehigh Acres, FL

Zip

Country

Zip

Country

33936

United States

33936

United States

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

09/20/1973

5. FEI Number

591500970

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

Christopher J. Shields, Esq.

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

1833 Hendry Street

Suite, Apt. #, etc.

City

Fort Myers

State

FL

Zip Code

33901

400264778244  
09/29/14--01035--006 \*\*175.00  
09/29/14--01035--005 \*\*35.00

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

Date September 23, 2014

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
P	Angela Trusty	48 Dawn Flower Circle	Lehigh Acres, FL 33936
S	Bryce B. Bradford	13 Aztec Lily Lane	Lehigh Acres, FL 33936
T	Judith Haugh	22 Heath Aster Lane	Lehigh Acres, FL 33936
D	Gerald E. Wertz, Sr.	39 Desert Candle Circle	Lehigh Acres, FL 33936

10. E-mail Address: pinewood1600@yahoo.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Angela D. Trusty (Pres)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/24/14 369-1170

Date Daytime Phone #