

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 FEB 21 AM 11:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 734234

1. Corporation Name

Pinebrook South Homeowners' Association, Inc.

2. Principal Office Address

1343 Feather Bed Lane

Suite, Apt. #, etc.

City & State

Venice, Florida

Zip

34292

Country

United States

3. Mailing Office Address

Suite, Apt. #, etc.

1343 Feather Bed Lane

City & State

Venice, Florida

Zip

34292

Country

United States

4. Date Incorporated or Qualified  
To Do Business in Florida

11/03/75

5. FEI Number

592009425

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

500012974025  
02/21/03--01112--013 \*\*297.50  
**REINSTATEMENT** 02-03

7. Name and Address of Current Registered Agent

Name

Lobeck Hanson & Wells, P.A., c/o Daniel J. Lobeck, Esquire

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

2033 Main Street

Suite, Apt. #, Etc.

Suite 403

City

Sarasota

State  
FL

Zip Code  
34237

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]*  
REGISTERED AGENT MUST SIGN

Date 2/10/03

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/D	Sally Lenhart	1343 Feather Bed Lane	Venice, FL 34292
VP/D	Debora B. Rand	1343 Feather Bed Lane	Venice, FL 34292
T/D	John Melville	1343 Feather Bed Lane	Venice, FL 34292
S/D	Esther Mumma	1343 Feather Bed Lane	Venice, FL 34292
D	Warren Mumma	1343 Feather Bed Lane	Venice, FL 34292
D	Gary Sibley	1343 Feather Bed Lane	Venice, FL 34292

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:

*Sally Lenhart, President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-03  
Date

941-488-6480  
Daytime Phone #

Sally Lenhart

js 2/24

CR2E081 (10/02)