

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
00 DEC 19 PM 3:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **740207**

**1. Corporation Name**

Northwood Center Owners Association, Inc.

**2. Principal Office Address**

3945 N.W. 30th Place

Suite, Apt. #, etc.

City & State

Gainesville, Florida

Zip

32606

Country

USA

**3. Mailing Office Address**

3945 N.W. 30th Place

Suite, Apt. #, etc.

City & State

Gainesville, Florida

Zip

32606

Country

USA

**REINSTATEMENT**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

09/28/77

**5. FEI Number**

59-1829629

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

Charles Pinkoson

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

3945 N.W. 30th Place

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32606

**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

*Charles Pinkoson*

REGISTERED AGENT MUST SIGN

Date

12-15-00

**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
D/S/T	Charles Pinkoson	3945 N.W. 30th Place	Gainesville, FL 32606
P/D	Lee Pinkoson	2820 N.W. 38th Drive	Gainesville, FL 32605
VP/D	Don Davis	4040 N.W. 16th Boulevard	Gainesville, FL 32605

**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:**

*Charles Pinkoson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-15-00

Date

352 3722115

Daytime Phone #

CR2001 (9/99)