

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 SEP 15 PM 4:42

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 743968
Corporation Name

P.G. Condominium Association, Inc.

W179913

Principal Place of Business
1535 Second Street
Sarasota, FL 34236

Mailing Address
P.O. Box 37547
Sarasota, FL 34278

If addresses are incorrect in any way, line through incorrect information and enter correction below.

New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Ant #, etc.

Suite, Apt. #, etc.

& State

City & State

Country

Zip

Country

REINSTATEMENT

91-00

4. Date Incorporated or Qualified
To Do Business in Florida

8/17/78

5. FEI Number

59-2256953

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

2	Name of Officers and/or Directors	3	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4	City / State / Zip
P D	Carolyn Griffin		1535 Second Street		Sarasota, FL 34236
VP D	Edward Buchanan		707 S. Washington Boulevard		Sarasota, FL 34237
S	Leann Butler		1380 Harbor Drive		Sarasota, FL 34239
T D	Mac Griffin		1535 Second Street		Sarasota, FL 34236
					300003405053--1 -09/26/00--01088--018 *****61.25 *****61.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Carolyn Griffin
1535 Second Street
Sarasota, FL 34236

Name
CAROLYN GRIFFIN
Street Address (P.O. Box Number is Not Acceptable)
707 S. WASHINGTON
Suite, Apt. #, Etc.
300003405053--1
-09/26/00--01088--018
City
SARASOTA
State
FL
Zip Code
*****726.25

I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Registered Agent Carolyn Griffin
REGISTERED AGENT MUST SIGN

Date 6/20/2000

i. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

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: Carolyn Griffin CAROLYN GRIFFIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/2000 (941) 341-5209
Date Daytime Phone #

KE