

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

01 FEB -9 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **744882**

1. Corporation Name

PORT SALERNO VILLAGE PHASE I HOMEOWNERS ASSOCIATION, INC.

2. Principal Office Address

c/o Deborah L. Ross, Esq.
401 East Osceola Street

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

City & State

Stuart, Florida

Zip

Country

Zip

Country

34994

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/09/78

5. FEI Number

App ec For

XX 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

~~LISA WETMORE~~

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

~~4411 SE Village Road~~

Suite, Apt. #, Etc.

City

~~Stuart~~

New Registered Agent
Deborah L. Ross, Esq.

401 E. Osceola St.

Stuart, FL 34994

State
FL

Zip Code
34997

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

New Registered Agent:

Deborah L. Ross, Esq.

Date 1/26/01

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

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Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
PD	Lisa Wetmore	4411 SE Village Road	Stuart, FL 34997
VPD	Willard Hiscox	1412 SE Pennsylvania Lane	Palm City, FL 34997
TD	Stella E. Knebel	4629 SE Savatori Road	Stuart, FL 34997
BSD	Terry Tucker	4443 SE Village Road	Stuart, FL 34997
D=	Greg Pruski	14897 85th Road North	Loxahatchee, FL
D	Lee Fritz	4383 SE Village Road	Stuart, FL 34997

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)(b), 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

Lisa Wetmore, Pres.

Date

Daytime Phone #

1/26/01

CORNETT, GOOGE, ROSS & EARLE, P.A.

JANE L. CORNETT
HOWARD E. GOOGE
DEBORAH L. ROSS
DAVID B. EARLE
ELIZABETH P. BONAN

CHARLES W. SINGER
OF COUNSEL

401 EAST OSCEOLA ST.
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STUART, FLORIDA 34995

(561) 286-2990
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February 8, 2001

Division of Corporations
Reinstatement Division
P. O. Box 6327
Tallahassee, FL 32314

Via Federal Express

ATTN: Michelle Milligan

RE: Reinstatement of Port Salerno Village Phase I Homeowners Assoc., Inc.

Dear Michelle:

Pursuant to our telephone conversation of this afternoon, please find enclosed the original Reinstatement Form which was returned to us by your office. I have followed your instructions and removed Mrs. Ross' signature from the bottom of the form and have also removed Ms. Wetmore's signature from Item #8 of the form. Please send me a confirmation of reinstatement as soon as possible.

Thank you very much for your help and consideration in this matter.

Sincerely,



Michelle Jay, Legal Assistant to
DEBORAH L. ROSS, ESQ.

/mj

Enc.