

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC -9 PM 2:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 745061

1. Corporation Name

Plantation Village Property  
Owners Association, Inc.

900009417669  
12/09/02--01051--016 \*\*1093.75

**REINSTATEMENT 88-02**

2. Principal Office Address

9030 W. Fort Island TRAIL

3. Mailing Office Address

9030 W. Fort Island TRAIL

Suite, Apt. #, etc.

#4

Suite, Apt. #, etc.

#4

City & State

Crystal River FL

City & State

Crystal River FL

Zip

34429

Country

USA

Zip

34429

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11-27-78

5. FEI Number

59 2019217

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

C.F. Gonzalez

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

9030 W. Fort Island Trail

Suite, Apt. #, Etc.

#10 Plantation Village

City

Crystal River

State  
FL

Zip Code

34429

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]*

Date

12-4-02

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/D	Donald H. Pritchard	9030 W. Fort Island trail # 3	Crystal River, FL 34429
V/D	Leonard Berg	217 Kings Bay Dr.	Crystal River, FL 34429
S/D	David C. Roberts	P.O. BOX 14	Holter, FL 34445

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/4/02

Date

(352) 564-2077

Daytime Phone #

CR2E081 (8/01)

2/10