PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 SEP 10 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 752636

1. Corporation Name
Petenwey House Condominium Association Idnc.

2. Principal Office Address	3. Mailing Office Address
2055 Jamiaca Way	2055 Jamiaca Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Punta Gorda, FL	City & State: Punta Gorda, FL
Zip: 33950 Country: US	Zip: 33950 Country: US

93-02 Rei

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: N/AE ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Cynthia Gerber

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*****787.00 *****787.00

Street Address (P.O. Box Number is Not Acceptable): 2055 Jamiaca Way,

Suite, Apt. #, Etc.:

City: Punta Gorda State: FL Zip Code: 33950

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: Cynthia Gerber Date: 9-9-02
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
pres, tr	Cynthia Gerber	2055 Jamiaca Way	Punta Gorda, FL 33950

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: Cynthia Gerber 9-9-02
SIGNATURE AND TYPED OR PRINTED NAME OF [illegible]NG OFFICER OR DIRECTOR — Date — Daytime Phone #