

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 754986

1. Corporation Name

TALL PINE ACRES PROPERTY OWNERS' ASSOCIATION, INC.

2. Principal Office Address

6374 188th Trail North

Suite, Apt. #, etc.

City & State

LOXAHATCHEE, FL

Zip

33470

Country

3. Mailing Office Address

6374 188th Trail North

Suite, Apt. #, etc.

City & State

Loxahatchee, FL

Zip

33470

Country

ORIGINAL DOCUMENT 84-06

CR2E081 (12/05)

FILED

06 JUL 17 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

November 4, 1980

5. FEI Number

0000000000

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

Wayman Graves

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

6374 188th Trail North

Suite, Apt. #, Etc.

City

Loxahatchee

State
FL

Zip Code
33470

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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

Wayman Graves
REGISTERED AGENT MUST SIGN

Date 7/14/2006

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
PD	Wayman Graves	6374 188th Trail North	Loxahatchee, FL 33470
VD	Ricky E. O'Neal	6144 188th Trail North	Loxahatchee, FL 33470
T	Arnold Sachs	16569 60 St North	Loxahatchee, FL 33470
SD	Ann-Louise Seabury	6296 188th Trail North	Loxahatchee, FL 33470
D	Ralph Lovens	452 Seminole Dr	Lantana, FL 33418

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 contained in Chapter 119, 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:

Wayman Graves
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/14/06

Daytime Phone #

561
793-5196