

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 755333

1. Corporation Name

PINECREST ARMS OWNERS ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #

850 S. Tamiami Trail

Suite, Apt. #, etc.

Suite 1

City & State

Sarasota, Florida

Zip

34236

Country

USA

3. Mailing Office Address

850 S. Tamiami Trail

Suite, Apt. #, etc.

Suite 1

City & State

Sarasota, Florida

Zip

34236

Country

USA

7. Name and Address of Current Registered Agent

Name

BENEVA HOLDINGS, LLC

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

850 S. Tamiami Trail

Suite, Apt. #, Etc.

Suite 1

City

Sarasota

State

FL

Zip Code

34236

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

x

REGISTERED AGENT MUST SIGN

Date

Feb 9, 2010

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
D/P	Ross Bryans	3628 BocaPointe Drive	Sarasota, FL 34238
D/VP	John Petitti	3628 BocaPointe Drive	Sarasota, FL 34238
D/S&T	Christy Bryans	3628 BocaPointe Drive	Sarasota, FL 34238

10. E-mail Address: ross@centralparkrealetycorp.com

(To be used for future annual report notification)

11. 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. I further certify, 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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 FEB 12 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700168621077

02/12/10--01024--016 **1461.25

REINSTATEMENT

7/10

4. Date Incorporated or Qualified
To Do Business in Florida

January 1, 1980

5. FEI Number

08-2205626

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

2/12/20