

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN -4 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 766485

1. Corporation Name

Perico Island Patio Homes Condominium
Association, Section II, Inc.

100020936891
06/17/03--01065--021 **918.75

2. Principal Office Address

c/o Harmony Management

3. Mailing Office Address

Same

Suite, Apt. #, etc.

4400 El Conquistador Pkwy.

Suite, Apt. #, etc.

City & State

Bradenton, FL

City & State

Zip

34210

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/22/1982

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 92-03

7. Name and Address of Current Registered Agent

Name

Harmony Management (Anna Kelly)

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

4400 El Conquistador Pkwy., Stes. 4-8

Suite, Apt. #, Etc.

City

Bradenton

State
FL

Zip Code
342310

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]
REGISTERED AGENT MUST SIGN

Date

[Signature]

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	Roger Domme, President	11103 Belle Meade Ct	Bradenton, FL 34209
D	Neal Finelli, Vice Prs	11110 Belle Meade Ct	Bradenton, FL 34209
D	Pat Farragher, Treasurer	11214 Veranda Court	Bradenton, FL 34209
	Henry Becker, Secretary	11009 Peach Point Ct	Bradenton, FL 34209
	Roger Scott, Dir. @ Large	11202 Longwood Court	Bradenton, FL 34209

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] ROGER B. DOMME
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-30-03

Daytime Phone #

941-761-0082

CR2E081 (10/02)