

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 4: 37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

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

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. FEE Number

592722289

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

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

REGISTERED AGENT MUST SIGN

Date

5-30-03

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 Pres	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:

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)