

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 MAR 30 PM 4:13

DOCUMENT # **L10453**

1. Corporation Name
**PORT ST. LUCIE LANDOWNERS
ASSOCIATION, INC**

2. Principal Office Address

952 POMMANO DR P.O. Box 7115

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 7115

Suite, Apt. #, etc.

City & State

JUPITER, FL

City & State

JUPITER, FL

Zip

33458

Country

PALM BCH

Zip

33468

Country

PALM BCH

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

8/18/89

5. FEI Number

592972722

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

DANIEL A RAHFELDT

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

952 POMMANO DR

Suite, Apt. #, Etc.

JUPITER

City

JUPITER

State
FL

Zip Code

33458

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 **3/26/01**

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	DAN RAHFELDT	952 POMMANO DR.	JUPITER, FL 33458

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/01

Date

744-8730

Daytime Phone #

CR2E081 (9/00)