

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

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DOCUMENT #N000000008141

1. Corporation Name

Pine Plaza Condominium Association, Inc

2. Principal Office Address

1565 E. Highway 100

Suite, Apt. #, etc.

#6

City & State

Bunnell, FL

Zip

32110

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12-11-00

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

05-16-01 90254 026 \$61.25

7. Name and Address of Current Registered Agent

Name

Daniel S. Fnebis

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

3840 Turtle Creek Drive

Suite, Apt. #, Etc.

B-1

City

Port Orange

State

FL

Zip Code

32127

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 10-20-2001

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
P	Troy Willrick	14947 West Highway 100	Bunnell, FL 32110
V	Judy McDonough	73 Uhl Path	Palm Coast, FL 32137
T	Terri Willrick	14947 West Highway 100	Bunnell, FL 32110
S	Jay McDonough	73 Uhl Path	Palm Coast, FL 32137

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)(f), 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

11/9/01

Date

386-437-3413

Daytime Phone #

CR2001 (9/00)

Pine Plaza Condominium Association, Inc
1565 E. Highway 100 #6
Bunnell, FL 32100
904-437-3443

Tuesday, October 30, 2001

FLORIDA DEPARTMENT OF STATE
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

My accountant informed me that Pine Plaza Condominium Association, Inc has been dissolved due to not filing the Uniform Business Report for 2001. When I called the Department of State on 10-18-01, I was told that my check was received (copy enclosed) but that the registered agent did not sign the form and that it was returned to me. Unfortunately, I did not receive the returned UBR. I was told that those letters were returned to you because they did not have the correct address.

I am asking that since you received my check and the report before the original due date and since I received no correspondence stating you needed further information, that you reinstate Pine Plaza Condominium Association, Inc. with no further money due.

Should you need further information, please feel free to contact me at 904-437-3443.

Sincerely,



Teri Willrick
Pine Plaza Condominium Association, Inc.