

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 28 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

N01000001294

1. Corporation Name

PEACOCK WAY PCD SUBDIVISION PROPERTY
OWNERS' ASSOCIATION, INC.

2. Principal Office Address

3538 Forest Branch Drive

Suite, Apt. #, etc.

City & State

Port Orange, FL

Zip

32119

Country

USA

3. Mailing Office Address

Post Office Box 2254

Suite, Apt. #, etc.

City & State

Hobe Sound, FL

Zip

33475

Country

USA

REINSTATEMENT 02-03
800024218428
10/28/03--01087--007 **306.25

4. Date Incorporated or Qualified
To Do Business in Florida

02/23/2001

5. FEI Number

☒ 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

LOUIS OSSINSKY, JR.

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

444 Seabreeze Blvd.

Suite, Apt. #, Etc.

Suite 210

City

Daytona Beach

State

FL

Zip Code

32118-3941

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 10/27/03

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
P/D	MICHELLE L. PEACOCK	3538 Forest Branch Drive	Port Orange, FL 32119
S/D	JAMES R. PEACOCK, JR.	14494 Peace River Drive	West Palm Beach, FL 33418

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/27/03

Daytime Phone #

561-630
6685