

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
 11 JUL 10 PM 2:27
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N01000001831

1. Corporation Name
Peace River Professional Condominium Association, Inc.

| | | | |
|--|-----------------------|--|-----------------------|
| 2. Principal Office Address - No P.O. Box # 4054 Beaver Lane | | 3. Mailing Office Address 4054 Beaver Lane | |
| Suite, Apt. #, etc. Suite 1 | | Suite, Apt. #, etc. Suite 1 | |
| City & State Port Charlotte, FL | | City & State Port Charlotte, FL | |
| Zip 33952 | Country USA | Zip 33952 | Country USA |

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida **03/15/2001**

5. FEI Number **651104245** 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 **David S. Ballestas, M.D.**

Street Address (P.O. Box Number is Not Acceptable)
2525 Harbor Boulevard

Suite, Apt. #, Etc.
Suite 102

City **Port Charlotte** State **FL** Zip Code **33952**

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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 *David S Ballestas ms* Date *6/28/11*
 REGISTERED AGENT MUST SIGN

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 |
|--------|-----------------------------------|--|--------------------------|
| VD | David S. Ballestas, M.D. | 2525 Harbor Boulevard, Suite 102 | Port Charlotte, FL 33952 |
| SD | Anthony Pollizzi | 4054 Beaver Lane, Suite 1 | Port Charlotte, FL 33952 |
| | | | |
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REINSTATEMENT
2006-11

10. E-mail Address: _____
 (To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: *David S Ballestas ms* Date *6/28/11*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #