## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

**DIVISION OF CORPORATIONS** 

<b>DOCUMENT</b>	#	NO	<b>1</b> C	0	00	0	66	22
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1. Corporation Name

PINE ISLAND TROPICAL HOMESITES TROPICAL POINT CA NAL AND BOAT RAMP ASSOCIATION, INC.

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

Principal Place of Business

3437 TANGERINE DR.

**5**4 95

Suite, Apt. #, etc.

ST. JAMES CITY FL 33956

2. New Principal Office Address, If Applicable

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Mailing Address

Suite, Apt. #, etc.

City & State

3437 TANGERINE DR.

ST. JAMES CITY FL 33956

3. New Mailing Office Address, If Applicable

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FILED

03 JAN -2 AM 8:40

SECRETARY OF STATE TALLAHASSEE, FLORIDA



 Date Incorporated or Qualified To Do Business in Florida 09/14/2001 (5:"FEI(Number""\ Applied For Not Applicable

\$8.75 Additional Fee required

	1 10 1				ioi a certificate of Status			
7. Names	and Street Addresses of Each Officer and/or Dire	ector (Florida nonprofit corpo	prations must list at least 3 direct	tors)				
Title(s)	Name of Officers and/or Directors	5	Street Address of Each Officer and/or Director		City / State / Zip			
D	PENOYER, ROSALIE	3437 TANGERINE DR.		ST. JAMES CITY FL	ST. JAMES CITY FL 33956			
D	PAPESH, MISTY R	3436 TANGERINE DR.		ST. JAMES CITY FL	ST. JAMES CITY FL 33956			
D	WAGGLE, JOHAN G	3836 TROPICAL POINT DR.		ST. JAMES CITY FL 33956				
·			01.	<b>40</b> 0009787, /02/0301063013	224 **236 25			
<u> </u>		-			The fact of the page			
	8. Name and Address of Current Registe	ered Agent	9. Name	and Address of New Registered Agent				
PENOYER, ROSALIE 3437 TANGERINE DR. ST. JAMES CITY FL 33956		Street Address (P.O. Box Number is Not Acceptable)  5495 B. Pine Island DD  Suite, Apt. #, Etc.  Dokelia  City C. State Zip Code						
10. I, being	appointed the registered agent of the above name	ned corporation, am familiar v	L FC	F	L 33922			

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 filling 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 of --Registered Agent

REGISTERED AGENT MUST SIGN