


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N01384					
1. Corporation Name Peace River Preserve Homeowners Association, Inc.					
2. Principal Office Address 5307 N.E. Tram Line Rd Suite, Apt. #, etc.			3. Mailing Office Address 5307 N.E. Tram Line Rd. Suite, Apt. #, etc.		
City & State Arcadia		City & State Arcadia		4. Date Incorporated or Qualified To Do Business in Florida 10 Feb 1984	
Zip 34266	Country DeSoto	Zip 34266	Country DeSoto	5. FEI Number 650046858	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

FILED

03 AUG 15 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 44-03

7. Name and Address of Current Registered Agent		
Name Fletcher Brown		
Street Address (P.O. Box Number is Not Acceptable) 124 N. Brevard		
Suite, Apt. #, Etc.		
City Arcadia	State FL	Zip Code 34266

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

Fletcher Brown

REGISTERED AGENT MUST SIGN

Date

8-6-03

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	Terry Moe	5307 N.E. Tram Line Rd.	Arcadia / Florida / 34266
S/T/D	Nancy Moe	5307 N.E. Tram Line Rd.	Arcadia / Florida / 34266
V/D	Heidi Moe	5307 N.E. Tram Line Rd.	Arcadia / Florida / 34266

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:

Terry Moe

Terry Moe

08/05/03

863-494-3022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

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