

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N02000001326**

1. Corporation Name

PENINSULA PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

11438 ORANGE BLOSSOM LANE
BOCA RATON FL 33428

Mailing Address

11438 ORANGE BLOSSOM LANE
BOCA RATON FL 33428

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

02/22/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

26-6075571

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	NATASI, JOSEPH	27-19 44TH DRIVE	LONG ISLAND CITY NY 11101
VPD	VOLINSKY, FRANK C	11438 ORANGE BLOSSOM LANE	BOCA RATON FL 33428
SD	VOLINSKY, CATHERINE B	11438 ORANGE BLOSSOM LANE	BOCA RATON FL 33428
TD	KILLEN, LINDA	27-19 44TH DRIVE	LONG ISLAND CITY NY 11101

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DELUCA, FRANCIS R ESQ.
100 S.E. 6TH STREET
FORT LAUDERDALE FL 33301

Name

FRANK C VOLINSKY

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

11438 ORANGE BLOSSOM LANE

Suite, Apt. #, Etc.

City

BOCA RATON,

State

FL

Zip Code

33428

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Frank C Volinsky

REGISTERED AGENT MUST SIGN

Date

Dec. 6, 2003

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., 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.

FRANK C VOLINSKY, VPD

SIGNATURE:

Frank C Volinsky

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dec 6, 2003

Date

561-487-1163

Daytime Phone #

CR2E040 (7/03)