

PS 172

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR 12 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000009372

1. Corporation Name

PEARL ESTATES HOMEOWNER'S
ASSOCIATION, INC.

600030324756
03/12/04--01004--010 **122.50

2. Principal Office Address

3237 Blythe Ave.

3. Mailing Office Address

P.O. Box 15565

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Spring Hill, FL

City & State

Brooksville, FL

Zip

34609

Country

Hernando

Zip

34604

Country

Hernando

REINSTATEMENT 03-04

4. Date Incorporated or Qualified

To Do Business in Florida 12/05/02

5. FEI Number

56-2306117

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

Francine Baia

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

3237 Blythe Ave.

Suite, Apt. #, Etc.

City

Spring Hill

State
FL

Zip Code

34609

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

J. Baia

Date

3/3/04

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
D	Francine Baia	3237 Blythe Ave.	Spring Hill, FL 34609
D	David Perlinger	3237 Blythe Ave.	Spring Hill, FL 34609
D	John Franklin	3237 Blythe Ave.	Spring Hill, FL 34609

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:

J. Baia

3/3/04

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Francine Baia, President

650-9318
352-~~622-7810~~

CR2E081 (01/04)

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**PEARL ESTATES HOMEOWNER'S
ASSOCIATION, INC.
P.O. Box 15565
Spring Hill, FL 34604**

March 3, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Pearl Estates Homeowner's Association, Inc.
Document # N02000009372

Dear Sir:

Enclosed is our completed Corporation Reinstatement form together with our check in the amount of \$122.50 to cover the Annual Report fee for 2003 and 2004. We were completely unaware that our former Director, Eric Ludwig, failed to file the 2003 Annual Report. We believe the Annual Report was sent to him at his former address (82 Commercial Way, Spring Hill, Florida). It was not forwarded to us. Eric Ludwig is no longer involved in the Homeowner's Association.

Therefore, we are requesting that the State waive the \$175.00 penalty/reinstatement fee. Your consideration is greatly appreciated. Thank you.

Sincerely,

PEARL ESTATES HOMEOWNER'S
ASSOCIATION, INC.

By: _____

F. Baia
Francine Baia, President

fb/encls.