

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03000001140

1. Corporation Name

Pineapple Ridge Property Owners Association, Inc.

2. Principal Office Address - No P.O. Box #

330 N. Babcock Street

Suite, Apt. #, etc.

Suite 103

City & State

Melbourne, FL

Zip

32935

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
February 10, 2003

5. FEIN Number

65-11732583

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

Michael E. Maguire

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

330 N. Babcock Street

Suite, Apt. #, Etc.

Suite 103

City

Melbourne

State

FL

Zip Code

32935

900274539029
06/30/15--01004--002 **481.25

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

Date

6/24/15

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
P/D	Michael E. Maguire	330 N Babcock St, Ste 103	Melbourne, FL 32935
VP/D	Jake Wise	2651 W. Eau Gallie Blvd, Ste A	Melbourne, FL 32935
S/T/D	Dave Alley	2651 W. Eau Gallie Blvd, Ste A	Melbourne, FL 32935

REINSTATEMENT

2011

2015

10. E-mail Address: mike@coyclark.com

(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/24/15

321-723-9888

Date

Daytime Phone #