

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 AUG 14 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600134590316

08/19/08--01008--011 **481.25

CR2E081 (12/07)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N03000000334**

1. Corporation Name
Pangola Estates Community Association, Inc.

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

4090 West Gulf Drive

Suite, Apt. #, etc.

3. Mailing Office Address

4090 West Gulf Drive

Suite, Apt. #, etc.

City & State

Sanibel FL

City & State

Sanibel FL

Zip

33957

Country

USA

Zip

33957

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7/21/2003

5. FEI Number

210-3144753

☒ 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 **Joel Kronfeld**

Street Address (P.O. Box Number is Not Acceptable)
4090 West Gulf Drive

Suite, Apt. #, Etc.

City **Sanibel**

State
FL

Zip Code
33957

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Joel Kronfeld

REGISTERED AGENT MUST SIGN

Date **8/11/2008**

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
PD	Joel Kronfeld	4090 West Gulf Drive	Sanibel FL 33957
VD	Kim Kronfeld	4090 West Gulf Drive	Sanibel FL 33957
STD	Michael Rubenstein	8270 College Pkwy #201	FL. myers, FL 33919

REINSTATEMENT

04-08

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joel Kronfeld

Date

8/11/2008

Daytime Phone #

2392925675