

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 OCT 2 AM 8:46

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

DOCUMENT # NO3326

1. Corporation Name

PIONEER WEST CONDOMINIUM
ASSOCIATION, INC.

DOC # NO3326

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

309 Pioneer Rd.

Suite, Apt. #, etc.

City & State

Merritt Island, FL

Zip

32953

Country

USA

3. Mailing Office Address

309 Pioneer Rd.

Suite, Apt. #, etc.

City & State

Merritt Island, FL

Zip

32953

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

05/30/1984

5. FEI Number

592641167

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

SANDRA L-B NATOWICH

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

321 Pioneer Rd.

Suite, Apt. #, Etc.

City

Merritt Island

State

FL

Zip Code

32953

300264982683
10/02/14--01039--023 **297.50

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

Sandra L-B Natowich

REGISTERED AGENT MUST SIGN

Date *Sept 30, 2014*

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	SANDRA L-B NATOWICH	321 Pioneer Rd.	Merritt Island, FL 32953
VP	RONNIE EYANS	3978 JUDITH AVE.	Merritt Island, FL 32953
Secy	ALAN SEAR	317 Pioneer Rd.	Merritt Island, FL 32953
TRES			
			S. HAWKES
			OCT 03 A.M.
			EXAMINED

10. E-mail Address: *natowica@cflrr.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:

Sandra L-B Natowich

SANDRA L-B NATOWICH

09/30/2014 321-452-7668

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #