

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRET
DIVISION OF CORPORATIONS

10 AUG 30 AM 11:38

DOCUMENT # N05000008555

1. Corporation Name

Palmetto Plantation Condominium Association, Inc.

800184867978
08/30/10--01055--004 **271.25

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

57 Chestnut Ridge Circle

Suite, Apt. #, etc.

3. Mailing Office Address

P. O. Box 275

Suite, Apt. #, etc.

City & State

Lakeland, GA

City & State

Lakeland, GA

Zip

31635-5342

Country

USA

Zip

31635

Country

USA

CR2E081 (6/10)

4. Date Incorporated or Qualified

To Do Business in Florida 8/19/2001

5. FEI Number

208803356

☐ 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

Thomas S. Gibson

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

116 Sailor's Cove Drive

Suite, Apt. #, Etc.

City

Port St. Joe

State

FL

Zip Code

32456

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 8/26/2010

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	George P. Hamm	57 Chestnut Circle	Lakeland, GA 31635
D	Keith Courson	59 West Main Street	Lakeland, GA 31635
D	John Owens	59 West Main Street	Lakeland, GA 31635

REINSTATEMENT

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10. E-mail Address: tgibson@psilaw.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., 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/26/2010

850-229-8211

Date

Daytime Phone #