

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 OCT -5 AM 10:00

200161326882
10/05/09--01045--008 **297.50

CR2E081 (12/08)

DOCUMENT # N05544

1. Corporation Name

P & S CONDOMINIUM ASSOCIATION, INC.

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

39829 CR 452

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 1243

Suite, Apt. #, etc.

City & State

LEESBURG

City & State

MOUNT DORA FL

Zip

34788

Country

USA

Zip

32756

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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
Gary V. Hammond

Street Address (P.O. Box Number is Not Acceptable)
39829 CR 452

Suite, Apt. #, Etc.

City
Leesburg

State
FL

Zip Code
34788

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

REGISTERED AGENT MUST SIGN

Date 9-29-09

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
PDT	Gary V. Hammond	39829 CR 452	LEESBURG FL 34788
VPDS	Marcus Collins	185 OAK SHADE CIR.	MOUNT DORA FL 32757

REINSTATEMENT 08-09 TB 10/6/09

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:

Gary V. Hammond

9/29/2009

352-223-9844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #