

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 OCT 26 AM 11:05

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **705806**
 1. Corporation Name Pine Plaza Condominium Association, Inc.

Principal Place of Business Mailing Address
 406 N. Indiana Ave., Suite 1
 Englewood, FL 34223

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 406 N. Indiana Ave.		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida October 23, 1984	
Suite, Apt. #, etc. Suite 1		Suite, Apt. #, etc.		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State Englewood, FL		City & State		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Zip 34223	Country U.S.	Zip	Country		

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PT	J. Campbell Gaunt	406 N. Indiana Ave., Ste. 1	Englewood, FL 34223
VPT	James Knapp	406 N. Indiana Ave., Ste	Englewood, FL 34223
S/T	Patricia A. Gaunt	406 N. Indiana Ave., Ste. 1	Englewood, FL 34223
REINSTATEMENT 97-98			
8000002671848-8 -10/26/98--01022--001 ****345.00 ****810.00			

8. Name and Address of Current Registered Agent

Robert A. Dickinson
 460 S. Indiana Ave.
 Englewood, FL 34223

9. Name and Address of New Registered Agent

Name
 Robert A. Dickinson Esq.
 Street Address (P.O. Box Number is Not Acceptable)
 460 S. Indiana Ave.
 Suite, Apt. #, Etc.
 City
 Englewood
 State
 FL
 Zip Code
 34223

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent _____
 REGISTERED AGENT MUST SIGN

Date 10/16/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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: _____ Date 10/16/98 941-4742020
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2ED040 (1/88)



ACCOUNT NO. : 072100000032

REFERENCE : 998755 81282A

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : October 16, 1998

ORDER TIME : 11:13 AM

ORDER NO. : 998755-005

CUSTOMER NO: 81282A

CUSTOMER: Robert A. Dickinson, Esq
Robert A. Dickinson, Pa
460 South Indiana Avenue

Englewood, FL 34223

DOMESTIC FILINGS

NAME: PINE PLAZA CONDOMINIUM
ASSOCIATION, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder
EXAMINER'S INITIALS

B 10/26

RECEIVED
98 OCT 20 PM 12:09
DIVISION OF CORPORATION