

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 JAN 26 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500167214205
01726/10--01024--002 **183.75

CR2E081 (11/09)


4. Date Incorporated or Qualified To Do Business in Florida 7/12/2006

5. FEI Number Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

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.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06000007398

1. Corporation Name Pine Laurel Homeowners Association, Inc.

2. Principal Office Address - No P.O. Box # 80 W. Lucerne Circle
Suite, Apt. #, etc.

3. Mailing Office Address 80 W. Lucerne Circle
Suite, Apt. #, etc.

City & State Orlando, Florida Zip 32801 Country USA

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7. Name and Address of Current Registered Agent

Name Henry T. Keith

Street Address (P.O. Box Number is Not Acceptable) 80 W. Lucerne Circle

Suite, Apt. #, Etc.

City Orlando State FL Zip Code 32801

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 [Signature] Date 12/21/09

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
Pres	Stephen Dye	80 W. Lucerne Circle	Orlando, FL, 32801
Sec.	James Emerson	80 W. Lucerne Circle	Orlando, FL, 32801
Treas	Henry Keith	80 W. Lucerne Circle	Orlando, FL, 32801

REINSTATEMENT **RH**

10. E-mail Address: HKEITH@WSESERVICES.ORG
(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] Henry T. Keith Date 12/21/09 Daytime Phone # 407-839-0707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR