

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 JAN 26 AM 8:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

City & State

Orlando, Florida

Zip

32801

Country

USA

Zip

32801

Country

USA

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

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

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12/21/09

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/21/09 407-839-0707

Date Daytime Phone #