

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 FEB -4 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06000012399

1. Corporation Name

Pinehurst P.U.D. Homeowners Association, Inc.

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

2500 Weston Road

Suite, Apt. #, etc.

Suite 300

City & State

Weston, FL

Zip

33331

Country

USA

3. Mailing Office Address

2500 Weston Road

Suite, Apt. #, etc.

Suite 300

City & State

Weston, FL

Zip

33331

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/04/2006

5. FEI Number

205944486

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

Catey Vaughn

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

2500 Weston Road

Suite, Apt. #, Etc.

Suite 300

City

Weston

State

FL

Zip Code

33331

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

Catey Vaughn

REGISTERED AGENT MUST SIGN

Date

1/9/13

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
P	Larry Benton	2500 Weston Road, Suite 300	Weston, FL 33331
VP	Catey Vaughn	2500 Weston Road, Suite 300	Weston, FL 33331
VP	Mahriah Tucker	2500 Weston Road, Suite 300	Weston, FL 33331

10. E-mail Address: cvaughn@fcb1923

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Catey Vaughn Catey Vaughn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/13

Date

954-984-3346

Daytime Phone #