

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

06 APR -4 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA *DEC*

800072291748
04/27/06--01018--015 **\$1.25

CR2E081 (12/05)

CORPORATION REINSTATEMENT 2006 AR DOCUMENT # N08 D77 1. Corporation Name PINE RIDGE OWNERS ASSOCIATION, INC		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
2. Principal Office Address 37 PINE RIDGE RD Suite, Apt. #, etc. N/A City & State LAKE WALES FL Zip 33898		3. Mailing Office Address N/A Suite, Apt. #, etc. N/A City & State FLORIDA Zip 33898	

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 59-2610392	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent Name TINA KINSLEY Street Address (P.O. Box Number is Not Acceptable) 36 PINE RIDGE ROAD Suite, Apt. #, Etc. City LAKE WALES		State FL	Zip Code 33898
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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 *Tina Kinsley* Date *2/13/06*
 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
<i>Pres</i>	<i>Ron Page</i>	<i>24 Pine R. dgc Rd</i>	<i>Lake Wales FL 33898</i>
<i>Vice Pres</i>	<i>Harmon Knapp</i>	<i>29 "</i>	<i>"</i>
<i>Assy</i>	<i>Tina Kinsley</i>	<i>36 Pine Ridge</i>	<i>Lake Wales</i>
<i>Sec</i>	<i>Doris Berres</i>	<i>4 Pine Ridge</i>	<i>Lake Wales</i>
<i>Board Men</i>	<i>Ed Anderson</i>	<i>10 Pine Ridge</i>	<i>Lake Wales</i>
<i>Sec</i>	<i>Dor Doris Berres</i>	<i>4 Pine Ridge</i>	<i>Lake Wales</i>

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: *Ronald E Page* *Ronald E Page* Date *29 Mon 06*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # *813-696-3853*