

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N08338

1. Corporation Name

PINE GLEN WEST OWNER'S ASSOCIATION, INC

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

320 PINE GLEN CT.

Suite, Apt. #, etc.

City & State

ENGLEWOOD, FLORIDA

Zip

34223

Country

USA

3. Mailing Office Address

320 PINE GLEN CT

Suite, Apt. #, etc.

City & State

ENGLEWOOD, FLORIDA

Zip

34223

Country

USA

7. Name and Address of Current Registered Agent

Name

JOSEPH A. VOGEL JR

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

320 PINE GLEN CT

Suite, Apt. #, Etc.

City

ENGLEWOOD

State

FL

Zip Code

34223

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

Joseph A. Vogel Jr
REGISTERED AGENT MUST SIGN

Date 09/09/08

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	JOSEPH AVELLA	313 PINE GLEN WAY	ENGLEWOOD, FL 34223
T	JOSEPH A. VOGEL JR	320 PINE GLEN CT.	ENGLEWOOD, FL 34223
S	RICHARD BRADY	315 PINE GLEN WAY	ENGLEWOOD, FL 34223
D	LINDA PIERCE	323 PINE GLEN CT.	ENGLEWOOD, FL 34223
D	KATHY SUPRENAVANT	317 PINE GLEN WAY	ENGLEWOOD, FL 34223
	<u>8/9/15</u>		

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 118, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/09/08

Date

941 473 7077

Daytime Phone #

FILED

08 SEP 15 PM 1:43

STATE
TALLAHASSEE, FLORIDA

800135847378
09/15/08--01036--007 **236.25

REINSTATEMENT

CR2E081 (12/07/07)

02-08

4. Date Incorporated or Qualified
To Do Business in Florida

03/25/1985

5. FEI Number

90-0411368

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.