

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
12 JUL 23 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N13023**

1. Corporation Name

**PINE LAKE ESTATES PROPERTY
OWNERS ASSOCIATION, INC.**

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

7450 PINE LAKE CIRCLE

Suite, Apt. #, etc.

3. Mailing Office Address

7450 PINE LAKE CIRCLE

Suite, Apt. #, etc.

City & State

MILTON, FL

City & State

MILTON, FL

Zip

32570

Country

USA

Zip

32570

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

01/10/1986

5. FEI Number

592638420

☐ 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

John Philip Dolan

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

7460 PINE LAKE DRIVE

Suite, Apt. #, Etc.

City

MILTON

State

FL

Zip Code

32570

300237752473
07/23/12--01052--002 **1583.75

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

REGISTERED AGENT MUST SIGN

Date

7/10/12

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

EXAMINER

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	JAMES LELAND	7450 PINE LAKE Cir.	MILTON, FL 32570
VP	FRANK SARVER	7474 PINE LAKE Dr.	MILTON, FL 32570
T	DAWNA Dolan	7460 PINE LAKE Dr.	MILTON, FL 32570
S	RANDALL CABANISS	7460 PINE LAKE Dr.	MILTON, FL 32570
D	STEPHEN CONE	7576 BOWERS Dr.	MILTON, FL 32570
D	RALPH NESENSEN	7473 Forest wood	MILTON, FL 32570

10. E-mail Address: **lelandowski@yahoo.com**

(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:

JAMES LELAND

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/12

Date

850-981-0444

Daytime Phone #

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Name

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Suite, Apt. #, Etc.

City

State

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Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	MICHAEL PICKETT	7434 PINELAKE CIR	MILTON, FL 32570
			S. HAWKES
			JU
			EXAMINER

10. E-mail Address:

(To be used for future annual report notification)

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #