

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

DOCUMENT # **N17294**

00 OCT 25 PM 12:17

1. Corporation Name

PINE WOODS HOMEOWNERS' ASSOCIATION OF PENSACOLA, INC.

Principal Place of Business

Mailing Address

801 PINEY LANE
 P. O. BOX 994
 CANTONMENT FL 32533
 US

801 PINEY LANE
 P. O. BOX 994
 CANTONMENT FL 32533
 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



REINSTATEMENT

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2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

10/13/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

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

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|------------|-------------------------------------|--|--|
| DP | ALBRITTON, KEN | 801 PINEY LANE | CANTONMENT FL 32533 |
| DV | LEWIS, PAUL | 790 PINEY LANE | CANTONMENT FL 32533 |
| ST | JONES, PAUL | 810 HWY 97 S. | CANTONMENT FL 32533 |
| | | | 800003469628--8 11/20/00--01017--017 ****245.00 ****245.00 |

8. Name and Address of Current Registered Agent

ALBRITTON, KEN
 801 PINEY LANE
 CANTONMENT FL 32533

9. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc. _____
 City _____ State **FL** Zip Code _____

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Ken Albritton
 REGISTERED AGENT MUST SIGN

Date 10-23-00

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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.

AD

SIGNATURE:

Paul Lewis
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-00
 Date

850-968-0088
 Daytime Phone #

CR2E040 (8/00)