

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 NOV - 6 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N17790

1. Corporation Name

PEARL HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

6274 CRANBERRY LANE EAST
JACKSONVILLE FL 32244

6277 BLANK DR
JACKSONVILLE FL 32244
US



6277 Blank Dr
Jacksonville FL 32244

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/14/1986

5. FEI Number

51-0203095

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City, State, Zip
1	2	3	4
PD	KAYE, SHEILA	6277 BLANK DR	JACKSONVILLE FL 32244
SD	SCHOFF, BETH zuber, Penny	6267 BLANK DR 6107 Blank Dr	JACKSONVILLE FL Jacksonville FL 32244
VD	GARCIA, LEO	6099 BLANK DR	JACKSONVILLE FL 32244
TD	ZUBER, PENNY	6107 BLANK DR.	JACKSONVILLE FL 32244

REINSTATEMENT

197

SCC 11-6 97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCHOFF, BETH
6274 CRANBERRY LANE EAST
JACKSONVILLE FL 32244

Name

Sheila Kaye

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

6277 Blank Dr

Suite, Apt. #, Etc.

City

Jacksonville

State

Zip Code

FL

32244

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

Sheila Kaye

REGISTERED AGENT MUST SIGN

Date 10-30-97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on Intangible tax.)

12. 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.

SIGNATURE:

Sheila Kaye

10-30-97

Date

904 772-1263

Daytime Phone #

CR2040 (9/97)