

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUL -6 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

PINE RUN Homeowners ASSO.
"N19348"

200183010182
07/07/10--01021--008 **236.35

REINSTATEMENT 10

CR2E081 (6/10)

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

18908 Pine Run Lane

3. Mailing Office Address

P.O. Box 630

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

FORT MYERS

City & State

ESTERO

Zip

33967

Country

USA

Zip

33928

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2-20 1987

5. FEI Number

650052674

☐ 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

Joanne MacGowan

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

18908 Pine Run Lane

Suite, Apt. #, Etc.

City

FORT MYERS

State

FL

Zip Code

33967

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

Joanne MacGowan
REGISTERED AGENT MUST SIGN

Date 6/25/2010

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
Pres	Thomas Gilven	18979 Pine Run Lane	Lt. Myers FL 33967
TRES/sec	Joanne MacGowan	18908 PINE RUN Lane	FORT MYERS, FL 33967
BOD	GARY REICHAUT	19075 Pine Run La.	Lt. Myers, FL 33967
BOD	Phyllis Buck	9366 Pineapple Rd	FORT. MYERS, FL 33967
BOD	Sandy WOLFFER	18956 Pine Run Lane	Lt Myers, FL 33967

10. E-mail Address: JOANNE MACGOWAN @ 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., 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.

SIGNATURE: Joanne MacGowan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/25/2010

Daytime Phone #