

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 APR 14 AM 10:16

DOCUMENT # N19873
1. Corporation Name Pine Plaza Office Condominium Association Inc

2. Principal Office Address - No P.O. Box # 12435 Collier Blvd #106
3. Mailing Office Address 12435 Collier Blvd #106

Suite, Apt #, etc
106

City & State
Naples FL

Zip 34116 Country Collier

800174684248
04/06/10--01035--004 **183.75
CR2E081-1100

REINSTATEMENT 08-10

4. Date Incorporated or Qualified To Do Business in Florida 3/30/1987

5. FEI Number 65-0023278 ☐ 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 DAVID C. Ritchie
Street Address (P.O. Box Number is Not Acceptable)
12435 Collier Blvd
Suite, Apt #, Etc #106
City Naples State FL Zip Code 34116

☒ 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.

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

David C. Ritchie

Date 3/31/10

REGISTERED AGENT MUST SIGN

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
Director	DAVID C. Ritchie	12435 Collier Blvd #106	Naples FL 34116
Treasurer	Darryl J. Damico	12435 Collier Blvd #106	Naples FL 34116
Secretary	C. Joanne Damico	12435 Collier Blvd #106	Naples FL 34116

10. E-mail Address: NaplesFL83@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:

David C. Ritchie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/10 239-455-1003
Date Daytime Phone #