

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 APR 14 AM 10:16

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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
CR2E0811100

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 [Signature] 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	DAREY J. DAMICO	12435 Collier Blvd #106	Naples FL 34116
Secretary	C. JOANNA 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: [Signature] Date 4/1/10 Daytime Phone # 239-455-1003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR