

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N20106**

1. Corporation Name

**Greater Pine Island Civic Association**

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

**16221 Buccaneer St.**

Suite, Apt. #, etc.

City & State

**Bokeelia, FL**

Zip

**33922**

Country

**Lee**

3. Mailing Office Address

**PO Box 3044**

Suite, Apt. #, etc.

City & State

**Pineland, FL**

Zip

**33945**

Country

**Lee**

200163833072  
12/21/09--01053--006 \*\*61.25

**FILED**  
**09 DEC 21 PM 4:36**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**REINSTATEMENT** **09**  
CR2E081-(11/09)

4. Date Incorporated or Qualified  
To Do Business in Florida **04/13/1987**

5. FEI Number  
**800167213**

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

**Phillip G Buchanan**

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

**3861 Galt Island Avenue**

Suite, Apt. #, Etc.

City

**St. James City**

State

**FL**

Zip Code

**33956**

☒ 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

*William C Mantis*

Date **17 Dec '09**

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
PD	CATHY HENDRICKSON	16060 PORTO BELLO ST	BOKEELIA FL 33922
VD	MAXWELL HUGHSON	7596 CAPTAINS HARBOR DR 504	BOKEELIA FL 33922
SD	CHRISTINE KNEELAND	2548 EIGHTH AVE	ST JAMES CITY FL 33956
TD	WILLIAM MANTIS	16221 BUCCANEER ST	BOKEELIA FL 33922

10. E-mail Address: **MED AVENUE @ AOL.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: **WILLIAM C MANTIS** *William C Mantis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**17 Dec 09**

**239-283-8326**