

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N29520

1. Corporation Name

PINE FOREST ESTATES HOME OWNERS ASSOCIATION INC.

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

5630 W. SARDOCK CT.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

HOMOSASSA, FL.

City & State

Zip

Country

34446

USA

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

12/02/1988

5. FEI Number

59-2859824

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

Yes

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

VINCENT SULLIVAN

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

5630 W. SARDOCK CT.

Suite, Apt. #, Etc.

City

HOMOSASSA

State

FL

Zip Code

34446

100250530251
08/07/13--01026--002 **105.00

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

Vincent Sullivan

REGISTERED AGENT MUST SIGN

Date 8/5/2013

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
D	DAN DAWSON	5719 W. SARDOCK CT.	HOMOSASSA, FL. 34446
D	LINDA DAWSON	5719 W. SARDOCK CT.	HOMOSASSA, FL. 34446
D	IVAN NORRIE	5661 W. SARDOCK CT.	HOMOSASSA, FL. 34446
D	PATRICIA DONNELLY	5689 W. SARDOCK CT.	HOMOSASSA, FL. 34446

10. E-mail Address: vsulli9271@hotmail.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Patricia Donnelly Patricia Donnelly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-5-2013

Date

Daytime Phone #