

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 MAY 19 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FL

DOCUMENT # N30116

1. Corporation Name

Premier Village Homeowner's Association

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

1464 Premier Village Way
Suite, Apt. #, etc

3. Mailing Office Address

1464 Premier Village Way
Suite, Apt. #, etc

City & State

Clearwater, FL

Zip Country

33764 USA

City & State

Clearwater FL

Zip Country

33764 USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

2/17/95

5. FEI Number

59 299 6304

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

Sheryl Cony

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

1464 Premier Village Way

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33764

300260389573
05/19/14--01003--012 **236.25

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

Sheryl Cony

Date 5/16/14

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
P	Sheryl Cony	1464 Premier Village Way	Clearwater, FL 33764
VP	Barry Bowlen	1471 Premier Village Way	Clearwater, FL 33764
ST	Pina LeCoche	1477 Premier Village Way	Clearwater, FL 33764

REINSTATEMENT

2014

10. E-mail Address: sherylcony@gmail.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:

Sheryl Cony

Sheryl Cony

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/14

727-5355939

Date Daytime Phone

727-6869491