

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 JUL 14 AM 8:52

DOCUMENT # N31464

1. Corporation Name

Pine Meadow-Phase III Home Owners Association, Inc.

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

8318 9th Ave. Terr. NW

Suite, Apt. #, etc.

3. Mailing Office Address

8318 9th Ave. Terr. NW

Suite, Apt. #, etc.

City & State

Bradenton, FL

City & State

Bradenton, FL

Zip

34209

Country

USA

Zip

34209

Country

USA

REINSTATEMENT 02-10

4. Date Incorporated or Qualified
To Do Business in Florida **03/31/1989**

5. FEI Number
Non-Profit Corporation

☐ 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

Brian J. Kudick

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

8326 9th Avenue Terrace NW

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34209

900183277359
07/14/10--01026--005 **726.25

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

Brian J. Kudick
REGISTERED AGENT MUST SIGN

Date **7-2-2010**

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
PTD	Rosanne Megrath	8318 9th Avenue Terrace, NW	Bradenton, FL 34209
VD	Angelo Mantanes	8348 9th Avenue Terrace NW	Bradenton, FL 34209
SD	Brian J. Kudick	8326 9th Avenue Terrace NW	Bradenton, FL 34209

10. E-mail Address: **megrath@gte.net**

(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:

Rosanne Megrath
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/2010

Date

Daytime Phone #