

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

1997 APR 29 PM 4:06

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N31769**

1. Corporation Name
Pheasant Run Homeowners Association

Principal Place of Business Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
Pheasant Run Blvd
 Suite, Apt. #, etc.
5710 S. Dixie Hwy #2
 City & State
W.P.B. FL.
 Zip
33415 Country
usa

3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
 5. FEI Number
65-0737735
 Applied For
 Not Applicable
 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City & State	Zip
P.D.	Doris Rowe	86 Pheasant Run Drive	W.P.B., FL.	33415
V.P.	Joan Van Wie	5461 Pointer Drive	W.P.B. FL.	33415
S/T.	Colleen Jacques	5401 Pinnacle Lane	W.P.B. FL.	33415
D.	Bart Banner	63 Plummage Lane	W.P.B. FL.	33415
d.	David Ruelke	116 Plummage lane	W.P.B. FL.	33415

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent
 Name
Touchstone Webb Mgmt.
 Street Address (P.O. Box Number is Not Acceptable)
5710 S. Dixie Hwy Suite A.
 Suite, Apt. #, Etc.
 City
West Palm Beach State
FL Zip Code
33405

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
 Signature of Registered Agent **Kathleen Webb Salata** Date **4/21/97**
 REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: **x Doris E Rowe President** Date **4-22-97** Daytime Phone # **561-689-6371**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (12/96)