

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAY -8 AM 8:42

DOCUMENT # N31780

1. Corporation Name

PINE ISLAND SHORES, UNITS 10 AND 11 HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~2004 MACADAMIA STREET~~  
~~ST. JAMES CITY FL 33956~~  
~~US~~

~~FRANK ESTELLE~~  
~~P.O. BOX 709~~  
~~ST. JAMES CITY FL 33956~~  
~~US~~



200004315782--3  
--05/24/01 --01087--017

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

2. New Principal Office Address, If Applicable

2193 MACADAMIA ST.  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

2193 MACADAMIA ST.  
Suite, Apt. #, etc.

4. Date Incorporated or To Do Business in Florida  
04/19/1989

5. FEI Number

65-0246864

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

City & State  
ST. JAMES CITY, FL

City & State  
ST. JAMES CITY, FL

Zip Country  
33956 U.S.A

Zip Country  
33956 U.S.A

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	City / State / Zip
PD P T	ESTELLE, FRANK CARL DUVECK	<del>2004 MACADAMIA STREET</del> 2193 MACADAMIA STREET	ST. JAMES CITY FL 33956
VP VP T	ESTELLE, ELEANOR T. ROSE MARIE WOSORICK	<del>2004 MACADAMIA STREET</del> MACADAMIA STREET	ST. JAMES CITY FL 33956
SEC T	KRIEG, MARK JR. JACK KOETJE	<del>4407 LAKE HEATHER CIRCLE</del> 2209 MACADAMIA STREET	ST. JAMES CITY FL ST. JAMES CITY, FL. 33956
TREAS. T	CAROLYN M. KOETJE	2209 MACADAMIA STREET	ST JAMES CITY, FL 33956

8. Name and Address of Current Registered Agent

ESTELLE, FRANK  
2261 MACADAMIA ST., NW  
ST. JAMES CITY FL 33956

9. Name and Address of New Registered Agent

Name  
CARL DUVECK  
Street Address (P.O. Box Number is Not Acceptable)  
2193 MACADAMIA ST  
Suite, Apt. #, Etc.  
City  
ST. JAMES CITY  
State  
FL  
Zip Code  
33956

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  
REGISTERED AGENT MUST SIGN

Date 4/03/01

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 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.

CR2E040 (8/00)

SIGNATURE: CARL W DUVECK  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/03/01 9412839545  
Date Daytime Phone #