

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT 16 AM 5:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N34163

1. Corporation Name

Port Panacea Village Homeowners Association, Inc.

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

8220 Hunters Ridge Trail

3. Mailing Office Address

Post Office Box 11143

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, Florida

City & State

Tallahassee, Florida

Zip

32312

Country

USA

Zip

32302

Country

USA

600161816736
10/16/09--01005--005 **236.25
CR2E081 (12/08)

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/14/89

5. FEI Number
561642652

☐ 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

Joanie Deibert Trotman

Street Address (P.O. Box Number is Not Acceptable)
8220 Hunters Ridge Trail

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32312

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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**

Joanie Deibert Trotman

REGISTERED AGENT MUST SIGN

Date October 8, 2009

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
PD	Troy Barfield	115 Magnolia Lane	Bainbridge, Georgia 31718
VP/T	Mark Mitchell	2147 Pink Flamingo Lane	Tallahassee, Florida 32308
ST	Matt Mitchell	156 Goose Creek Trail	Tallahassee, Florida 32317
BD	Will Stinson	135 Duncan Drive	Crawfordville, Florida 32327
BD	Grady Underwood	4336 Rockingham Road	Tallahassee, Florida 32303
REINSTATEMENT			

10. 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 contained in Chapter 119, 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:

Mark Mitchell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Mitchell

10/8/09

Date

(850) 727-7335

Daytime Phone #