

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

11 JAN 24 PM 4:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N35664**

1. Corporation Name

PINE LAKES OF ST. AUGUSTINE HOMEOWNERS' ASSOCIATION, INC

900192366209  
01/25/11--01002--008 \*\*61.25

900192366209  
01/25/11--01002--007 \*\*236.25

CR2E081 (11/10)

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

2132 WoodStork Ave

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 860184

Suite, Apt. #, etc.

City & State

St Augustine FL

City & State

St Augustine FL

Zip

32084

Country

St Johns

Zip

32085

Country

US

4. Date Incorporated or Qualified

To Do Business in Florida 12/11/1989

5. FEI Number

592997153

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

Sheila Clark

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

2132 WoodStork Ave

Suite, Apt. #, Etc.

City

St Augustine

State

FL

Zip Code

32084

**REINSTATEMENT 10-16**

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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

*Sheila Clark*

Date 01-14-2011

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
TRES.	GOMEZ, MANUEL MR	1605 BAYHAWK LANE	SAINT AUGUSTINE FL 32084 US
VP	HALE, ROGER MR.	1617 BAYHAWK LANE	SAINT AUGUSTINE FL 32084 US
PRES	CLARK, SHEILA MRS	2132 WOOD STORK AVE	SAINT AUGUSTINE FL 32084 US
SEC	GOMEZ, KATHERINE E MRS.	1605 BAYHAWK LANE	SAINT AUGUSTINE FL 32084 US

10. E-mail Address: sheilafclark@bellsouth.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., 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: *Sheila Clark* 01-14-2011