

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

1998 JAN 14 PM 2:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #N 40612

1. Corporation Name

PIDGEON PARK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4456 SE Federal Hwy.  
Stuart, FL 34997

4456 SE Federal Hwy.  
Stuart, FL 34997

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

800002406448--9  
-01/21/98--01044--009  
\*\*\*\*367.50 \*\*\*\*367.50

2. New Principal Office Address, If Applicable

8585 SW Hwy. 200

3. New Mailing Office Address, If Applicable

8585 SW Hwy. 200

4. Date Incorporated or Qualified To Do Business in Florida

10/19/90

Suite, Apt. #, etc.  
Suite 9

Suite, Apt. #, etc.  
Suite 9

5. FEI Number

59-3053033

Applied For

Not Applicable

City & State  
Ocala, FL

City & State  
Ocala, FL

Zip Country  
34481 Marion

Zip Country  
34481 Marion

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P, D	Nick Masque	7876 SW 62nd Court	Ocala, FL 34476
VP, D	Ernest Schofield	7770 SW 63rd Avenue Rd.	Ocala, FL 34476
S, T, D	Robert J. Keller	7750 SW 63rd Avenue Road	Ocala, FL 34476

REINSTATEMENT 90-98 7061 1/14/98

8. Name and Address of Current Registered Agent

MacKay, David L.  
2801 SW College Road  
Suite 1  
Ocala, FL 34474

9. Name and Address of New Registered Agent

Name  
Robert A. Stermer  
Street Address (P.O. Box Number is Not Acceptable)  
8585 SW Hwy. 200  
Suite, Apt. #, Etc.  
Suite 9  
City  
Ocala  
State  
FL  
Zip Code  
34481

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 *Robert A. Stermer*  
REGISTERED AGENT MUST SIGN

Date 1/13/98

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: *Robert J. Keller* Robert J. Keller 1/13/98 352-237-3808  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CPRE040 (12/96)