

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 MAY 11 AM 8:14

RECEIVED  
STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N43885**

1. Corporation Name

PINE ISLAND HOMEOWNERS ASSOCIATION OF OKEECHOBEE, INC.

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

8000 Hwy 70 East

Suite, Apt. #, etc.

City & State

Okeechobee, FL

Zip

34972

Country

USA

3. Mailing Office Address

W07-20316

8000 Hwy 70 East

Suite, Apt. #, etc.

City & State

Okeechobee, FL

Zip

34972

Country

USA

**REINSTATEMENT 01-07**

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida

6/17/1991

5. FEI Number

65-0281431

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

John D. Casseks, Jr.

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

400 NW 2nd Street

Suite, Apt. #, Etc.

City

Okeechobee

State

FL

Zip Code

34972

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

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date *5/1/07*

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
DP	George A. Goodbread	8000 Highway 70 East	Okeechobee, FL 34972
DVS	Donald W. Carson	340 Royal Poinciana Way, 316	Palm Beach, FL 33480
DVT	Erik Blomquist	340 Royal Poinciana Way, 316	Palm Beach, FL 33480
			700103604217 05/31/07--01019--018 **\$03.75

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:

*[Handwritten Signature]* 4/19/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*205/21*