

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS



FILED

98 JAN 30 AM 11:55

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **N45105**

1. Corporation Name  
**LITTLE PINES ESTATES CONDOMINIUM II ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**18260-C PAULSON DR. 18260-C PAULSON DR.**  
**PORT CHARLOTTE FL 33954 PORT CHARLOTTE FL 33954**



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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/12/1991	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0712040	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
PTD	STRUTHERS, RONALD A.	189 ALBERT LANE	PT CHARLOTTE FL 33954
<del>VP</del>	<del>PARENT, SHARON</del>	<del>21226 GLADIS AVE</del>	<del>PORT CHARLOTTE FL 33952</del>
<del>D</del>	<del>TUKKER, CORNELIS</del>	<del>24139 JOLLY ROGER DR</del>	<del>PUNTA GORDA FL 33950</del>
VPSP	Dyer, Adonna	1222 Ramsdel St.	Port Charlotte FL 33952
D	TUKKER, CORNELIS	24139 Jolly Roger Dr	Punta Gorda, FL 33950

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HAYMANS, MICHAEL P  
 2315 AARON STREET  
 PORT CHARLOTTE FL 33952

Name **REINSTATEMENT**  
 Street Address **97-98**  
 Suite, Apt. #, Etc. **SL 2-4-98**  
 City **FL** State **FL** Zip Code

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 *[Signature]* Date **1/6/98**  
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: *[Signature]* 12/30/97 12/30/97  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E040 (8/97)