

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 # N45106

1. Corporation Name

LITTLE PINES ESTATES CONDOMINIUM I ASSOCIATION,  
INC.

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

Mailing Address  
18260-C PAULSON DR.  
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

09/12/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0712038

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

33938-0579 Charlotte

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
PTD	STRUTHERS, RONALD A.	189 ALBERT LANE	PORT CHARLOTTE FL 33954
VPSD	PARENT, SHARON	21220 GLADIS AVENUE	PORT CHARLOTTE FL 33954
D	TUKKER, CORNELIUS	24139 JOLLY ROGER ROAD	PUNTA GORDA FL 33950
VPSD	Bjorkgren, Adonna	1222 Ramsdel St.	Port Charlotte, FL 33952
D	Tukker, Cornelius	24139 Jolly Roger Rd	Punta Gorda, FL 33950

8. Name and Address of Current Registered Agent

HAYMANS, MICHAEL P  
2315 AARON STREET  
PORT CHARLOTTE FL 33952

9. Name and Address of New Registered Agent

REINSTATEMENT 97-98  
Name  
Street Address (P.O. Box Number, if applicable)  
300002422743  
Suite, Apt. #, Etc.  
-02/05/98-01100-2014-98  
City  
\*\*\*\*430-00 State Zip Code  
FL 33950

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

*Michael P. Haymans*  
REGISTERED AGENT MUST SIGN

Date 1/6/98

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, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Adonna Bjorkgren*

Date

12/30/97 941/629-1400  
Daytime Phone #

CR20040 (9/97)