

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JUL 10 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000004640 (9)

1. Corporation Name

Pine Ridge Property owners
Association I. NC

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

423 S.W. Pine Ridge
Ct. Lake City Fl. 32024

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

423 S.W.
Pine Ridge Ct. Lake City Fl. 32024

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/14/1993

5. FEI Number

59-32-12160

☐ 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

Monica Murrow

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

547 S.W Pine Ridge Ct

Suite, Apt. #, Etc.

City

Lake City

State

FL

Zip Code

32024

☒ 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

Monica Murrow

Date

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
P	George Blake	423 S.W. Pine Ridge Ct. Lake City Fl.	Lake City Fl. 32024
u/p	June Gilks	303 S.W. Pine Ridge Ct.	Lake City Fl. 32024
S/T	Jody Pope	200 S.W. Pine Ridge Ct.	Lake City Fl. 32024
			100133027491 07/16/08--01037--012 **796.25
			100133027491 07/16/08--01037--013 **8.75

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:

George Blake George Blake 7/9/08 386 961-8586

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #