CORPORATION REINSTATEMENT
DOCUMENT # 1. Corporation Name Piney Nook
2. Principal Office Address 11417 Harhors Suite, Apt. #, etc.
City & State  Largo, FL Zin Country

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	PORATION STATEMENT	S	DEPARTMENT OF STATE ecretary of State sion of corporations		080	FILLEL CT 10 F	)   1: 22     371		
DOCU 1. Corporat Pin	IMENT# N 94 Octoor ey Nook Cottac	ges As	3658 sociation, Inc.		•		y li k		
2. Principal	Office Address 7 Harborstde GR , etc.	3. Mailing Off 11417 Suite, Apt. #, e	Harborside Cie	REINS		Qualified	( ) (	-2001	
City & State		City & State		To Do Busir		rida 7/	25/199	14	
Largo, FL City & State  Largo			o, FL	5. FEI Number	5. FEI Number Applied Fo			plied For t Applicable	
Zip	Country	Zip 337	Country	6. CERTIFICATE	OF STATU	S DESIRED S	8.75 Additional	Fee required	
3377	3   USA		ame and Address of Current Register	ad Agent			for a Certificat	e or status	
Name Charles Hayes Street Address (P.O. Box Number is Not Acceptable) IIA 17 Harbors Ide CR. Suite, Apt. #, Etc.					008 0601	U5423 005013	∃ <b>⊡</b> :∃ **673.7		
·	Largo				State Zip Code FL 33773				
<b>8.</b> I, being	appointed the registered agent of the abo	ve named corpor	ration, am familiar with and accept the ol	bligations of section	on 607.050	5 or 617.0503, F	ī.S.		
Signature of Registered Agent REGISTERED AGENT MUST SIGN					Date	10/6/	06		
9. Names	and Street Addresses of Each Officer and	/or Director (Flo	rida nonprofit corporations must list at le	ast 3 directors)					
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip			
ρ	Charles Hayes		11417 Harborsic	Largo FL 33773					
S	Lynn Smith		5135 Lurgan Rd	Land Olakes, FL 34638					
T	Erletta Billing	5	19718 Gulf Blod	Indian Shores, FL 33785					
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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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CHARLES A HAYES

727 398 - 7118 Daytime Phone #

## PINEY NOOK COTTAGES ASSOCIATION, INC. 11417 HARBORSIDE CIRCLE LARGO, FL. 33773

October 6, 2006

Department of State Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

RE: Document #N94000003658

Gentlemen:

Enclosed please find corporation reinstatement request for Piney Nook Cottages Association, Inc.

This association has been inactive since 1996 when the developer turned the association over to the members, and no notice was received due to conflicting addresses of the registered agent and mailing address.

We are respectfully requesting waiver of the \$175 reinstatement fee, and have enclosed \$673.75 to bring our status "active".

Thank you for your assistance.

Sincerely,

Charles Hayes, President

Enclosures
Corporation Reinstatement Application
Check for \$673.75