

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



FILED

99 MAY -3 AM 5:16
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # *NA160000001860*

1. Corporation Name
Pineforest Home Owners' Association Inc.

Principal Place of Business Mailing Address

**12885 Pineforest Way W.
 Largo, Florida 33773** **same**

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

2. New Principal Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
04/05/1996

5. FEI Number
59-3373998

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
Pres. (P/D)	Salvatore Gattuso	12920 Pineforest Way W.	Largo, Fl. 33773
V.Pres. (V/D)	Jeffrey Mestler	12614 Pineforest Way E.	Largo, Fl. 33773
Sec. (S/D)	Robert Nash	12885 Pineforest Way W.	Largo, Fl. 33773
Tres. (T)	Tammy Kimble	12611 Pineforest Way E.	Largo, Fl. 33773
Dir. (D)	Debbie Kidd	12777 Pineforest Way N.	Largo, Fl. 33773

8. Name and Address of Current Registered Agent

Frank M. Randazzo
 Custom Community Mgmt.
 2331 Bellair Rd. Su-D
 Clearwater, FL. 34624

9. Name and Address of New Registered Agent

Name: **Robert P. Nash**
 Street Address (P.O. Box Number is Not Acceptable):
12885 Pineforest Way W.
 Suite, Apt. #, Etc.
 City: **Largo**
 State: **FL**
 Zip: **33773**

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: *Robert P. Nash* REGISTERED AGENT MUST SIGN Date: **04/13/99**

11. This corporation owes 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)(j), 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.

Salvatore Gattuso

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Phone: **727-538-9088** **04/12/1999**
 Daytime Phone

CR2E091 (12/98)