

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

07 NOV 29 PM 1:45  
RECEIVED  
FLORIDA

DOCUMENT # N96000005057

1. Corporation Name

PGI Section 24 Property Owners Association, Inc.

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

2950 West Marion Avenue

3. Mailing Office Address

2950 West Marion Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Punta Gorda, Florida

City & State

Punta Gorda, Florida

Zip

33950

Country

USA

Zip

33950

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/01/1999

5. FEI Number

650751949

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  
Hathaway & Reynolds, P.A.

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

Suite, Apt. #, Etc.  
Suite 101

City  
Ponte Vedra Beach

State  
FL

Zip Code  
32082

☒ 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

*John McDonald*

REGISTERED AGENT MUST SIGN

Date 11/26/07

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/D	Gabriel M. Bove	4300 Marsh Landing Blvd., Ste 202	Jacksonville Beach, Florida 32250
VP/D	James S. Yoder	12338 Arbor Drive	Ponte Vedra Beach, Florida 32082
S/D	Phyllis Bove	4300 Marsh Landing Blvd., Ste 202	Jacksonville Beach, Florida 32250

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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:

*Gabriel M. Bove*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-15-07

Date

9045421515

Daytime Phone #

2/2

**PGI SECTION 24 PROPERTY OWNERS  
ASSOCIATION, INC.**

1107 West Marion Avenue, Ste. 112  
Punta Gorda, Florida 33950

Telephone: (904) 543-1515

November 14, 2007

**VIA CERTIFIED MAIL**

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

**RE: 2007 Uniform Business Report**

To Whom It May Concern:

Our corporation, PGI Section 24 Property Owners Association, Inc. has been administratively dissolved for failure to timely file a 2007 Uniform Business Report. However, we did not receive the 2007 UBR and, therefore, we ask that the reinstatement fee be waived. Enclosed, you will find a completed Reinstatement Form. Our check for the filing fee in the amount of Sixty One Dollars and 25/100s (\$61.25) is also enclosed. Please contact us immediately with any questions. Thank you for your help with this matter.

With kindest regards,



Gabriel M. Bove  
President  
PGI Section 24 Property Owners Association, Inc.

Enclosure(s)