

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

07 AUG -7 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N96000006024

**1. Corporation Name**

Poinciana Heights Condominium Association, Inc.

**2. Principal Office Address** No P.O. Box #  
345 4th Street South

**3. Mailing Office Address**  
44050 Ashburn Plaza

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 195, PMB 716

City & State  
Naples, FL

City & State  
Ashburn, VA

Zip  
34102

Country  
US

Zip  
20147

Country  
US

CR2E081 (1/07)

**4. Date Incorporated or Qualified  
To Do Business in Florida** 11/25/96

**5. 65-0749210**

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**

David M. Curtin

345 4th Street South

Naples

State  
FL

Zip  
34102

☒ 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

REGISTERED AGENT MUST SIGN

Date

8/2/07

**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
D	Binder, Burton A.	1155 4th Street, South	Naples, FL 34102
DP	Curtin, David M.	345 4th Street, South	Naples, FL 34102
D	Fox, Sharon	355 4th Street, South	Naples, FL 34102

REINSTATEMENT 08-07  
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08/07/07--01028--010 \*\*183.75

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/07  
Date

703-724-9545  
Daytime Phone #