

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JUL -7 AM 11:10

DOCUMENT # **719000004913**

1. Corporation Name

Spring Pines Home Owners Association, INC

2. Principal Office Address - No P.O. Box #
3568 Pine Tree Loop

3. Mailing Office Address
P.O. Box 1830

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Haines City, FL

City & State
Haines City FL

Zip
33844

Country

Zip
33845-1830

Country

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida 8-28-1997

5. FFL Number
59-3468320

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
Reed Chuck

Street Address (P.O. Box Number is Not Acceptable)
82 Pine Forrest Drive

Suite, Apt. #, etc.

City
Haines City

State
FL

Zip Code
33844

☐ 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.

100158215971

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 6-25-09

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 | Vincent Arcuri | 3568 Pine Tree Loop | Haines City FL, 33844 |
| VP | Robert Allen | 3 Pine Forrest Drive | Haines City FL, 33844 |
| S/TR | Gail Strickland | 43 Spring Lane | Haines City FL, 33844 |
| Dir | Ed Strickland | 43 Spring Lane | Haines City FL, 33844 |
| Dir | Monica Pierce | 2 Pine Forest Drive | Haines City FL, 33844 |
| Dir | Scott Cambell | 78 Pine Forrest Drive | Haines City FL, 33844 |

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:

VINCENT ARCURI

6-25-09

863-605-1795