

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DIVISION OF CORPORATIONS

28 MAY 12 PM 12:07

DOCUMENT # N97000005487

1. Corporation Name

Grassy Pointe Homeowners Association, Inc.

900366158899  
05/12/21--01013--012 \*\*236.25

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

36523 US Highway 19 N

Suite, Apt #, etc

3. Mailing Office Address

36523 US Highway 19 N

Suite, Apt #, etc

CR2E081 (11/10)

City & State

Palm Harbor

City & State

Palm Harbor

Zip

34684

Country

US

Zip

34684

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

09/26/1997

5. FEI Number

59-3495993

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

PROACTIVE PROPERTY MANAGEMENT

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

36523 US Highway 19 N

Suite, Apt #, Etc

City

Palm Harbor

State

FL

Zip Code

34684

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

*Patrick Kodum*

Date 4/28/21

REGISTERED AGENT MUST SIGN

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	Gunner Bakke	436 Denise St	Tarpon Springs, FL 34689
V	Melissa Kruse	1739 Longview Ln	Tarpon Springs, FL 34689
S/T	Martha Stanley	443 Denise St	Tarpon Springs, FL 34689

REINSTATEMENT

MAY 12 2021

R. HUNT

10. E-mail Address: info@proactivefl.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE: *Patrick Kodum* *Patrick Kochenour*

4/28/21

727-644-7700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #