

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

16 MAR 30 PM 3:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N97000006744

1. Corporation Name  
*The Preserve of Little Gasparilla  
Phase II Property Owners Association  
Inc.*

2. Principal Office Address - No P.O. Box #  
*9148 Grand Ave*

3. Mailing Office Address  
*PO BOX 44*

State, Apt. #, etc.  
*Placida, FL*

City & State  
*Placida, FL*

Zip  
*33946*

Country  
*USA*

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI NUMBER Applied For  
 Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

CR2E081 (11/10)

7. Name and Address of Current Registered Agent

Name  
*Steven W. Ledbetter*

Street Address (P.O. Box Number is Not Acceptable)  
*229 Pensacola Rd*

City, State, Apt. #, Etc.  
*Venice FL 34285*

000283974790  
03/30/16--01019--020 \*\*297.50

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of Registered Agent *[Signature]* Date *3/24/16*

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
Pres	Arthur Flatau III	9148 Grand Ave	Placida, FL 33946
V. Pre	David Thaxton	9168 Grand Ave	Placida, FL 33946
Sec	Karyn Flatau	9148 Grand Ave	Placida, FL 33946
			S. HAWKES
			MAR 26
			EXAMINED

10. E-mail Address: *kafg19148@aol.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 taxes 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.617.165, F.S.

SIGNATURE: *Karyn Flatau* *KARYN FLATAU* 3/23/16 941-697-0186

REGISTRATION FEE