

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY -7 PM 4: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000002450

1. Corporation Name

Poinciana Place Owners' Association, Inc.

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

320 Scenic Gulf Drive

Suite, Apt. #, etc.

Unit #112

City & State

Miramar Beach, FL

Zip

32550

Country

USA

3. Mailing Office Address

320 Scenic Gulf Drive

Suite, Apt. #, etc.

Unit #112

City & State

Miramar Beach, FL

Zip

32550

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/27/98

5. FEI Number

59-3472577

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

C. Brantley Matthews

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

320 Scenic Gulf Drive

Suite, Apt. #, Etc.

Unit #112

City

Miramar Beach

State

FL

Zip Code

32550

☒ 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

C. Brantley Matthews

REGISTERED AGENT MUST SIGN

Date **5/1/2007**

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
DP	Sarah Webb	1251 Holbrook Lane	Starkville, MS 39759
DVP	Evie Kontos	226 Diamond Cove	Destin, FL 32541
DTS	C. Brantley Matthews	320 Scenic Gulf Drive	Miramar Beach, FL 32550

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:

Sarah Webb

Sarah Webb, President

5/1/2007

662-615-5024

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #