

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 28 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000088757

1. Corporation Name

PORT CHARLOTTE AND NORTHPORT LANDOWNERS
ASSOCIATION, INC.

2. Principal Office Address

825 PARKWAY ST

Suite, Apt. #, etc.

SUITE 32

City & State

JUPITER, FLORIDA

Zip

33477

Country

USA

3. Mailing Office Address

PO BOX 7117

Suite, Apt. #, etc.

City & State

JUPITER, FLORIDA

Zip

33468

Country

USA

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

10/25/1996

5. FEI Number

59-3411737

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

DANIEL A. RAHFELDT

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

825 PARKWAY ST

Suite, Apt. #, Etc.

SUITE 32

City

JUPITER

State

FL

Zip Code

33477

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

[Signature]

Date 4/27/04

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	DANIEL A. RAHFELDT	952 POMPANO DR	JUPITER, FL 33458

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 under section 119.07(3)(i), 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] DAN RAHFELDT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/27/04

Daytime Phone #

561-794-8730