

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 12 PM 1:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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11/13/02--01057--016 \*\*758.75



REINSTATEMENT 02

DOCUMENT # P98000070123

1. Corporation Name

PENDRYVILLAS, INCORPORATED

Principal Place of Business

70 COFFEE POT ROCK RD.  
SEDONA AZ 86351

Mailing Address

70 COFFEE POT ROCK RD.  
SEDONA AZ 86351

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/06/1998

5. FEI Number

59-3547768

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	PIERCE, ROGER A	1122 CODDINGTON RD.	ITHACA NY 14850
D	HOWARD, REGINA D	24 ALBURY STONE CIR.	NASHUA NH 03063
D	LEWIS, SUE B	70 COFFEE POT ROCK RD.	SEDONA AR 86351

8. Name and Address of Current Registered Agent

SHIRLEY, JONATHAN W  
171 CIRCLE DR.  
MAITLAND FL 32751

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

CR2ED040 (802)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

Nov 6, 2002

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., 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-30-02

918

Sue B. Lewis