

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JAN 30 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT ⁹³ ~~00~~-03



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

CORPORATION
REINSTATEMENT

DOCUMENT # 743966

1. Corporation Name

Gantree Property Owners' Association, Inc.

2. Principal Office Address
202 Genet Ct.

3. Mailing Office Address
202 Genet Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Sun City Center, FL

City & State
Sun City Center, FL

Zip 33573 Country U.S.

Zip 33573 Country U.S.

4. Date Incorporated or Qualified To Do Business in Florida 08/17/78

5. FEI Number 591880349

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 James P. Hines, Jr.

600011158436

Street Address (P.O. Box Number is Not Acceptable)
315 S. Hyde Park Ave.

01/29/03--01026--008 **857.50

Suite, Apt. #, Etc.

City Tampa

State FL Zip Code 33606

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 *J. P. Hines, Jr.*
REGISTERED AGENT MUST SIGN

Date 1-21-03

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/D	Beatrice M. Dupee	202 Genet Ct.	Sun City Center, FL 33573
VP/D	Patricia Muroski	211 Rickenbacker Dr.	Sun City Center, FL 33573
S/T/D	Roberta J. Scoles	214 Genet Ct.	Sun City Center, FL 33573
D	Marie T. Smith	207 Rickenbacker Dr.	Sun City Center, FL 33573
D	James A. Dupee, Sr.	202 Genet Ct.	Sun City Center, FL 33573

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: *Beatrice M. Dupee* Beatrice M. Dupee 1-16-02 (813) 633-6208
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2001 (8/01)

25 1/31