

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

**FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

09 OCT 15 PM 2:11

DOCUMENT # N01000004612

1. Corporation Name

**The Sunbelt Center Property Owners Association,
Inc.**

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

17 Martin L. King Jr. Blvd.

3. Mailing Office Address

P.O. Box 108

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

City & State

Stuart

City & State

Stuart

Zip

34994

Country

USA

Zip

34995-0106

Country

USA

4. Date incorporated or Qualified To Do Business in Florida

6/29/2001

5. FEI Number
020609433

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$3.75 Additional Fee to the fee for Certificate of Status

7. Name and Address of Current Registered Agent

Name

Fernando M. Giachino

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

17 Martin L. King Jr. Blvd.

Suite, Apt. #, Etc.

Suite 200

City

Stuart

State

FL

Zip Code

34994

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 607.0606 or 617.0503, F.S.

Signature of Registered Agent

Date **10/12/2009**

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	F.I. Nebhut, Jr.	5409 N. Stanford Dr.	Nashville, TN 37215
V/D	J. Michael Stetson	5240 SE Burning Tree Cir.	Stuart, FL 34997
S/T/D	H. Rodes Hart	3001 Hillsboro Rd.	Brentwood, TN 37027

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:

F.I. Nebhut, Jr.

10/06/2009

(615)665-2081

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KS

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REINSTATEMENT 05-09