

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000001288

1. Corporation Name
QUEEN ANNE GATE HOMEOWNERS ASSOCIATION, INC.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
GOLDSTAR MANAGEMENT 24072 U.S. 18 NORTH PALM HARBOR FL 34684 US	GOLDSTAR MANAGEMENT 2595 TAMPA RD. PALM HARBOR FL 34684 US



REINSTATEMENT *gq*

2. New Principal Office Address, If Applicable MICHELLE RUDKIN Suite, Apt. #, etc. 2595 TAMPA RD. SUITE H City & State PALM HARBOR FL Zip 34684 Country USA.	3. New Mailing Office Address, If Applicable 2595 TAMPA RD. Suite, Apt. #, etc. SUITE H City & State PALM HARBOR FL Zip 34684 Country U.S.A.
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4. Date Incorporated or Qualified To Do Business in Florida 03/14/1995	SP
5. FEI Number 59-0945362	Applied For Not Applicable
8. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$9.75 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)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PD	FITZGERALD, MICHAEL J	1195 ROYAL BLVD	PALM HARBOR FL 34684
VPD	MORRIS, ROCCO Eliminate	1090 ROYAL BLVD	PALM HARBOR FL 34684
SD	MINTER, THOMAS Minter	1190 ROYAL BLVD	PALM HARBOR FL 34684
DT	PASQUALE, ERNEST Pasquale	1127 ROYAL BLVD	PALM HARBOR FL 34684
D	EVERS, LESTER A	1197 ROYAL BLVD	PALM HARBOR FL 34684

8. Name and Address of Current Registered Agent GOLDMAN, WILLIAM 34072 U.S. 18 NORTH PALM HARBOR FL 34684	MICHELLE RUDKIN 2595 TAMPA RD. SUITE H PALM HARBOR FL 34684	9. Name and Address of New Registered Agent Name MICHELLE RUDKIN Street Address (P.O. Box Number is Not Acceptable) 2595 TAMPA RD. Suite, Apt. #, Etc. SUITE H City PALM HARBOR State FL Zip Code 34684
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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.

Signature of Registered Agent: *Rudkin* **REQUIRED** Date: *Nov. 1 1999*

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: *Thomas Minter* **REQUIRED** Date: *11/1/99* Daytime Phone #: *727-789-2777*