

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 SEP 13 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N 96000005554**

1. Corporation Name

**STUART 95 Plaza Property Owners
Association, Inc.**

300185345593
09/13/10--01048--006 **\$65.00

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

205 N. Country Club Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

205 N. Country Club Dr.

Suite, Apt. #, etc.

REINSTATEMENT 03-1D

City & State

Atlantis, FL

City & State

Atlantis, FL

Zip

33462

Country

USA

Zip

33462

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/28/1996

5. FEI Number

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 **GKC International, Inc.**
Street Address (P.O. Box Number is Not Acceptable)
205 North Country Club Drive
Suite, Apt. #, Etc. **---**
City **Atlantis** State **FL** Zip Code **33462**

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

GARY HILBERT P/D

REGISTERED AGENT MUST SIGN

Date **9/10/2010**

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
V/D	Joel Prince	319 East Shore Drive	Rockwood, TN 37854
P/D	Gary Hilbert	205 North Country Club Dr.	Atlantis, FL 33462
S/D	Mary Hilbert	205 North Country Club Dr.	Atlantis, FL 33462

10. E-mail Address: **mmhilbert@aol.com**

(To be used for future annual report notification)

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. I further certify, 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:

Gary Hilbert P/D
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/2010 561
Date Daytime Phone #

9/15/10