

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** N97000003374

**1. Corporation Name**

Gulf Pointe Townhome Homeowners Association, Inc.

**2. Principal Office Address**

7190 Hwy. 98

Suite, Apt. #, etc.

City & State

Port St. Joe, FL

Zip

32456

Country

USA

**3. Mailing Office Address**

7190 Hwy. 98

Suite, Apt. #, etc.

City & State

Port St. Joe, FL

Zip

32456

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

6/10/97

**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

Susan J. Taylor

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

7190 Hwy. 98

Suite, Apt. #, Etc.

City

Port St. Joe

State

FL

Zip Code

32456

**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

*Susan J. Taylor*

REGISTERED AGENT MUST SIGN

Date

9-9-05

**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
PD	Susan J. Taylor	7190 Hwy. 98	Port St. Joe, FL 32456
VD	Ward Kenerly	7184 Hwy. 98	Port St. Joe, FL 32456
TD	Frank D. May	115 Allen Memorial Dr.	Port St. Joe, FL 32456

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-9-05

Daytime Phone #

856-  
229-8232

CR2E081 (01/05)