PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 JUL 12 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 740259

1. Corporation Name

• GULFVIEW VILLAS CONDO ASSOC, INC.

000002939106--1
-07/22/99--01088--013
***1155.00 ***1155.00

Principal Place of Business	Mailing Address
8406 Massachusetts Ave.,Ste B-3 New Port Richey, FL 34653	8406 Massachusetts Ave., Ste B-3 New Port Richey, FL 34653

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 94-99 W

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
see above	see above
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 11/24/81

5. FEI Number: 59-2406784 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	BETTY JEAN CAMPBELL	6441 DREXEL DR #4	PORT RICHEY, FL 34668
VD	RAMON R. RIOS	17719 SUNRISE DR	LUTZ, FL 34667
SD	ALI ANDERSON	6401 DREXEL DR #4	PORT RICHEY, FL 34668
SD	VIOLET FARLOW	6425 DREXEL DR #5	PORT RICHEY, FL 34668
D	LOUIS FACILLA	8320 NEEDLES DR	HUDSON, FL 34667
D	DOROTHY MUNGER	6425 DREXEL DR #1	PORT RICHEY, FL 34668
D	ANN DOLINSKI	6401 DREXEL DR #1	PORT RICHEY FL 34668
D	JOE DOLINSKI	6401 DREXEL DR #1	PORT RICHEY, FL 34668
TD	JUNE PARKER	6441 DREXEL DR #7	PORT RICHEY, FL 34668

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: KIM N. JOHNSON
Street Address (P.O. Box Number is Not Acceptable): 8406 MASSACHUSETTS AVE.,
Suite, Apt. #, Etc:
City: NEW PORT RICHEY, State: FL Zip Code: 34653

CR2E081 (12/98)

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: [signature] REGISTERED AGENT MUST SIGN Date: 6/17/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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 upon 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: Betty Jean Campbell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/17/99 Date

727-847-3482 Daytime Phone #