

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

W05000 424 19

DOCUMENT # 770236

1. Corporation Name
SOUTHGATE VILLAGE GREEN CONDOMINIUM,
SECTION 9, ASSN. INC.

2. Principal Office Address

2477 STICKNEY POINT RD

Suite, Apt. #, etc.

118A

City & State

SARASOTA FL

Zip

34231

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

800060499358

10/11/05--01063--007 **175.00

4. Date Incorporated or Qualified
To Do Business in Florida

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

DEB GIFFORD

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

2477 STICKNEY POINT RD

Suite, Apt. #, Etc.

118A

City

SARASOTA

800060499358

10/11/05--01063--007 **367.50

State
FL

Zip Code

34231

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

Deb Gifford

Date 9/28/05

REGISTERED AGENT MUST SIGN

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	SUNNY GREENBERG	3280 DANTMOUTH LN	SARASOTA FL 34239
VPD	WILLIAM MINSER	3257 SOUTHFIELD LN	SARASOTA FL 34239
SD	SUE SHERMAN	3214 DANTMOUTH LN	SARASOTA FL 34239
ID	CHRIS HORNE	3224 DANTMOUTH LN	SARASOTA FL 34239
AS	DEB GIFFORD	2477 STICKNEY PT RD	SARASOTA FL 34231

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: Deb Gifford DEB GIFFORD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/28/05 941-927-6464

Date

Daytime Phone #