

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00000008527

1. Corporation Name

Mill Pond Homeowner's Association
of Pinellas County, Inc.

2. Principal Office Address

12814-129th Terr.No.

Suite, Apt. #, etc.

City & State

Largo, Fla

Zip

33774

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Same

Zip

Country

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800069951718
04/10/06--01056--003 **245.00

800069951718
04/10/06--01056--003 **61.25

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

12/27/2000

5. FEI Number

582594050

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

Shelley A. Gaston

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

12814-129th Terr. No.

Suite, Apt. #, Etc.

City

Largo

State
FL

Zip Code
33774

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

Shelley A. Gaston

REGISTERED AGENT MUST SIGN

Date

2/23/06

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	Shelley A. Gaston	12814-129th Terr. No.	Largo, FL 33774
VPD	Mike Kersten	12916 - 129th Ave. No.	Largo, FL 33774
SD	Adrienne Conwell	12813- 129th Ave. No.	Largo, FL 33774
TD	Kaye Damian	12921- 126th Terr. No.	Largo, FL 33774
D	Lewis C. Williams	12800-129th Ave. No.	Largo, FL 33774
D	Jon Weaver	12908-129th Ave. No.	Largo, FL 33774
D	Fred Harp	12919-127th Ave. No.	Largo, FL 33774

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.

SHELLEY A. GASTON, PRESIDENT

SIGNATURE:

Shelley A. Gaston

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/23/2006

Daytime Phone #

727-

596-6226