

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N07000007319

1. Corporation Name

The Homeowners Association of Gulf Winds, Inc.

FILED
09 NOV 12 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

6697 Gulf Winds Drive

Suite, Apt. #, etc.

3. Mailing Office Address

6697 Gulf Winds Drive

Suite, Apt. #, etc.

City & State

St. Pete Beach

Zip

33706

Country

USA

City & State

St. Pete Beach

Zip

33706

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/25/2007

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

Keith Gaputis

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

6697 Gulf Winds Drive

Suite, Apt. #, Etc.

City

St. Pete Beach

State

FL

Zip Code

33706

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or section 617.0503, F.S.

Signature of
Registered Agent

Keith Gaputis

REGISTERED AGENT MUST SIGN

Date 11/05/2009

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
D	Keith Gaputis	6697 Gulf Winds Drive	St. Pete Beach, FL 33706
D	Larry Heuple	14898 Crown Drive	Largo, FL 33774
D	Ariel Bergerman	3773 Central Avenue	St. Petersburg, FL 33713

10. E-mail Address: gulfwindshoa@gmail.com

(To be used for future annual report notifications)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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:

Keith Gaputis

Keith Gaputis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/05/2009 727-254-0303

Date

Daytime Phone#