

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

13 OCT 28 PM 2:50

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NO 8968

1. Corporation Name
GULF CREST HOMEOWNERS ASSOCIATION INC.

2. Principal Office Address - No P.O. Box # <u>6985 SEMINOLE BLVD</u>		3. Mailing Office Address <u>6985 SEMINOLE BLVD</u>	
Subst. Apt. #, etc. <u>LOT # 69A</u>		Subst. Apt. #, etc. <u>LOT # 69A</u>	
City & State <u>SEMINOLE, FL</u>		City & State <u>SEMINOLE, FL</u>	
Zip <u>33772</u>	Country <u>PINELLAS</u>	Zip <u>33772</u>	Country <u>PINELLAS</u>

CR28081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida
03/01/95

5. FEI Number
592642393

6. CERTIFICATE OF STATUS DESIRED
NO

\$0.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
KEN HILL

Street Address (P.O. Box Number is Not Acceptable)
6985 SEMINOLE BLVD

Subst. Apt. #, etc.
LOT # 69A

City
SEMINOLE

State
FL

Zip Code
33772

100253299381
10/28/13--01049--007 **236.25

B. 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 Ken Hill Date 10-23-13

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
PRES	KEN HILL	<u>6985 SEMINOLE BLVD</u> ^{LOT 18}	<u>SEMINOLE FL 33772</u>
VICE PRES	DON WARREN	<u>6985 SEMINOLE BLVD</u> ^{LOT 78}	<u>" " "</u>
SECR	RICHARD LUDER	<u>6985 SEMINOLE BLVD</u> ^{LOT 21}	<u>" " "</u>
TREAS	LARRY FORR	<u>6985 SEMINOLE BLVD</u> ^{LOT 7}	<u>" " "</u>
DIR.	PHIL SIMMONS	<u>6985 SEMINOLE BLVD</u> ^{LOT 80}	<u>" " "</u>

10. E-mail Address: NONE

(To be used for future annual report notification)

11. 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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 917.153, F.S.

SIGNATURE: Ken Hill Date 10-23-13

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RE 10/29/13