• PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

(1)

APPLICATION FOR REINSTATEMENT

N37073

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 MAR 11 PM 3:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N37073

1. Corporation Name
STONEGATE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~BOX 3575~~	~~2365 STONEGATE DRIVE~~
~~LAKE WORTH FL 33465~~	~~WEST PALM BEACH FL 33414~~
	~~US~~

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

REINSTATEMENT 95-97

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
2477 STONEGATE DRIVE	2477 STONEGATE DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WELLINGTON, FL	City & State: WELLINGTON, FL
Zip: 33414 Country: PALM BEACH	Zip: 33414 Country: PALM BEACH

4. Date Incorporated or Qualified To Do Business in Florida: 03/14/1990

5. FEI Number: 65-0192955 ☐ 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	MALLEK, STEVE	2365 STONEGATE DRIVE	WELLINGTON FL 33414
VD	~~PINKNEY, MIKE~~ ROSENFELD, ROBERT	~~2402 STONEGATE DRIVE~~ 2484 STONEGATE DRIVE	WELLINGTON FL 33414
TD	WESTFAL, ROBERT	2477 STONEGATE DRIVE	WELLINGTON FL 33414
SD	~~WOLF, VIRGINIA~~ ~~FRED GRAND~~ GRAND, FRED	~~W364 STONEGATE DRIVE~~ 2268 STONEGATE DRIVE	WELLINGTON FL 33414
D	~~WOLF, AL~~ MELLION, STEVE	~~2364 STONEGATE DRIVE~~ 2617 STONEGATE DRIVE	WELLINGTON FL 33414
			3/13 JSR

8. Name and Address of Current Registered Agent

MALLEK, STEVE
2365 STONEGATE DRIVE
WELLINGTON FL 33414

9. Name and Address of New Registered Agent

Name: WESTFAL, ROBERT
Street Address (P.O. Box Number Is Not Acceptable): 2477 STONEGATE DRIVE
Suite, Apt. #, Etc.:
000002119930--8
-03/14/97--01073--001
City: WELLINGTON ****358.75 State: FL ZIP: 33414

CR2E040 (6/95)

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: Robt Westfal
REGISTERED AGENT MUST SIGN
Date: JAN 31, 1997

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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: Robt Westfal - ROBERT WESTFAL 01-31-97 (561) 790-6362
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #