PLEASE READ ALL INSTRUCTIONS BEFORE C FLORIDA DEPARTMENT OF STATE APPLICATION Sandra B. Mortham FOR **FILED** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS Nov 18 1998 8:00 am DOCUMENT # N37073 Secretary of State 1. Corporation Name STONEGATE HOA, INC. Mailing Address Principal Place of Business 2477 STONEGATE DRIVE 2477 STONEGATE DRIVE WELLINGTON FL 33414 WELLINGTON FL 33414 REINSTATEMENT 98 If above addresses are incorrect in any way, line through incorrect information and enter corregtion below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State 65-0192955 Not Applicable \$8.75 Additional Fee required for a Certificate of Status Country Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Title(s) City / State / Zîp PD . MALLEK, STEVE 2365 STONEGATE DRIVE WELLINGTON FL 33414 ۷D ROSENFELD, ROBERT 2484 STONEGATE DRIVE WELLINGTON FL 33414 TD WESTFAL, ROBERT 2477 STONEGATE DRIVE **WELLINGTON FL 33414** SD GRAND, FRED 2268 STONEGATE DRIVE **WELLINGTON FL 33414** MELLION, STEVE 2517 STONEGATE DRIVE **WELLINGTON FL 33414** 000002695210---1 -11/24/38--01040--005 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent WESTFAL ROBERT Street Address (P.O. Box Number is Not Acceptable) 2477 STONEGATE DRIVE Suite, Apt. #, Etc. WESTFALL, ROBERT 2477 STONEGATE DRIVE WELLINGTON FL 33414 State | Zip Code WELLINGTON 33414 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. Date Nov. REGISTERED AGENT MUST SIGN

12. 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 indicates on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Yes L

No 🗵

SIGNATURE: ROLL LIBERT RESTFAL SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1f. This corporation owes or has paid the current year

Intangible Personal Property tax due June 30.

Nov. 16 1998 (561) 373-0774

(See other side for information on intangible tax.)