

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

00 SEP 15 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **1740187**

1. Corporation Name

Stargazer Community Association, Inc.

2. Principal Office Address

4202 Stargazer Trail

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip
32308

Country
USA

3. Mailing Office Address

4202 Stargazer Trail

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip
32308

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/02/1990

5. FEI Number

59-3096195

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

Gregg Vernon Smith

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

4202 Stargazer Trail

Suite, Apt. #, Etc.

City

Tallahassee

700003404957-7

-09/26/00--01088--001

******297.50 ****297.50**

REINSTATEMENT

99-00

State
FL

Zip Code
32308

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

Gregg V. Smith
REGISTERED AGENT MUST SIGN

Date **9/15/00**

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/P	David Kelly	1558 Three Lanterns Ln	Tallahassee, FL 32301
P/V	Diane Hunt	5096 Easy Street	Tallahassee, FL 32303
D/S	Gregg V. Smith	4202 Stargazer Trail	Tallahassee, FL 32308
D/T	Elizabeth Smith	4202 Stargazer Trail	Tallahassee, FL 32308
D	Ed Green	4231 Stargazer Trail	Tallahassee, FL 32308

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.

SIGNATURE:

Gregg V. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/15/00 80671-3377
Date Daytime Phone #

CR2E081 (9/99)