

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC 22 AM 8:19

DOCUMENT # N93000000460

1. Corporation Name

SOUTHGATE OWNERS ASSOCIATION, INC.

300139204199
12/22/08--01052--021 **131.25

REINSTATEMENT 07-08
CR2E081 (10/08)

2. Principal Office Address - No P.O. Box # 5814 SW 89th Terrace Suite, Apt. #, etc.		3. Mailing Office Address 5814 SW 89th Terrace Suite, Apt. #, etc.	
City & State GAINESVILLE, FL		City & State GAINESVILLE, FL	
Zip 32608	Country USA	Zip 32608	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 02/02/1993	
5. FEI Number 59-3171772	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
BENSON, DOROTHY

Street Address (P.O. Box Number is Not Acceptable)
5814 SW 89th Terrace
Suite, Apt. #, Etc.

City
GAINESVILLE, FL

State
FL

Zip Code
32608

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 617.0503, F.S.

Signature of Registered Agent Dorothy Benson (352) 374-9623 12/18/2008
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
DSTP	EVANS, JEAN	8921 SW 89TH TERRACE	GAINESVILLE, FL 32608

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 contained in Chapter 119, 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: Jean Evans JEAN EVANS 12/18/2008 352-371-7114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

12/23
aw