

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 24 PM 1:22

DOCUMENT # N 9600000 3620

1. Corporation Name

STONE GATE MANOR HOME OWNERS
ASSOCIATION

2. Principal Office Address

7416 SW 49 PLACE

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33143

Country

DADE

3. Mailing Office Address

#2

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 04-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

JUNE 9, 1996

5. FEI Number

65-0684-166

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

S.T. WERNER, JR.

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

7416 SW 49 PLACE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33143

100049338821

03/29/05 01014 013 **122.5

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

S.T. Werner, Jr.

REGISTERED AGENT MUST SIGN

Date 2/28/05

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/TRANS.	S.T. WERNER JR	7416 SW 49 PLACE	MIAMI FL 33143
V.P.	VIVIAN Z DIMOND	7420 SW 49 COURT	MIAMI FL 33143

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.

S.T. WERNER, JR.

SIGNATURE:

S.T. Werner, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/28/05

Daytime Phone #

305-665-8127

CR2E081 (07/04)

STONEGATE MANOR HOME OWNERS ASSOC.

2 of 2

STEVE WERNER

STEINTOR DREI • 7416 SW 49 PLACE • MIAMI, FL 33143-6164 • (305) 665-8127

March 21, 2005

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Dear Mr. Blankenbaker,

Letter Number: 905A00016329

Thank you for your letter of March 9.

I am writing to ask you to reinstate our corporation account. We are a small gated community of 12 homes.

I am president and have never received the post card reminder to send the annual fee.

Enclosed is the Corporate Reinstatement request and our check for \$122.50.

Your understanding and consideration is appreciated.

Sincerely,

Steve Werner, Pres

Enclosures

STONEGATE MANOR HOME OWNERS, ASSOC.