

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 APR 20 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000004534

1. Corporation Name

Stonegate Property Homeowners Association, Inc.

2. Principal Office Address

11201 Danka Circle North

3. Mailing Office Address

11201 Danka Circle North

REINSTATEMENT

CR2E081 (12/05)

Suite, Apt. #, etc.

Suite #120

Suite, Apt. #, etc.

Suite #120

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

4. Date Incorporated or Qualified
To Do Business in Florida 08/28/1996

5. FEI Number

59-3405949

Applied For

Not Applicable

Zip

33716

Country

USA

Zip

33716

Country

USA

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Lisa Smithson

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

11201 Danka Circle North

Suite, Apt. #, etc.

Suite #120

City

St. Petersburg

State

FL

Zip Code

33716

500071163785
04/20/06--01031--015 **133.75

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

REGISTERED AGENT MUST SIGN

Date

4/11/06

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
PDST	Daniel M. Doyle, Jr.	3 Stonegate	Belleair, FL 33756

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/11/06

Daytime Phone #

(813) 288-8080



Lisa Smithson & Company

Certified Public Accountants and Business Advisors

Phone:
(727) 579-0383
Fax:
(727) 570-8934

Blue Heron Corporate Centre
11201 Danka Circle North
Suite 120
St. Petersburg, FL 33716

April 10, 2006

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

Re: Stonegate Property Homeowners Association, Inc.
Document #N96000004534

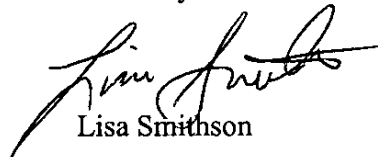
Dear Filing Clerk:

First, please find a Statement of Change of Registered Agent for Stonegate Property Homeowners Association, Inc., along with the required \$35.00 filing fee.

Second, please find a Corporation Reinstatement form for Stonegate Property Homeowners Association, Inc., along with the required \$183.75 filing fee for a Non-Profit Corporation. We are requesting that you please waive the \$175.00 reinstatement fee since we did not receive the annual report notice.

If you have any questions please feel free to contact me at the number listed above.
Thank you.

Sincerely



Lisa Smithson