

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 SEP 13 AM 9:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N 96000005554**

1. Corporation Name

**STUART 95 PLAZA PROPERTY OWNERS  
ASSOCIATION, INC.**

2. Principal Office Address - No P.O. Box #

**205 N. Country Club Dr.**

Suite, Apt. #, etc.

3. Mailing Office Address

**205 N. Country Club Dr.**

Suite, Apt. #, etc.

City & State

**Atlanta, FL**

City & State

**Atlanta, FL**

Zip

**33462**

Country

**USA**

Zip

**33462**

Country

**USA**

**300185345593**  
09/13/10--01048--006 \*\*\$65.00

**REINSTATEMENT 03-1D**

4. Date Incorporated or Qualified  
To Do Business in Florida

**10/28/1996**

5. FEI Number

☒ 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

**GKC International, Inc.**

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

**205 North Country Club Drive**

Suite, Apt. #, Etc.

City

**Atlanta**

State

**FL**

Zip Code

**33462**

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

**GARY HILBERT P/D**

REGISTERED AGENT MUST SIGN

Date **9/10/2010**

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
V/D	Joel Prince	319 East Shore Drive	Rockwood, TN 37854
P/D	Gary Hilbert	205 North Country Club Dr.	Atlanta, FL 33462
S/D	Mary Hilbert	205 North Country Club Dr.	Atlanta, FL 33462

10. E-mail Address: **mmhilbert@aol.com**

(To be used for future annual report notification)

11. 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, I further certify, 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:

**GARY HILBERT P/D**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/10/2010 561**  
Date Daytime Phone #

**9/15/10**