

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAY -4 PM 2:00

DOCUMENT # L96957

1. Corporation Name

Sunset Homes of Pasco, Inc.

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

8616 US 19

Suite, Apt. #, etc.

3. Mailing Office Address

8616 US 19

Suite, Apt. #, etc.

City & State

Port Richey, FL

City & State

Port Richey, FL

Zip

34668

Country

US

Zip

34668

Country

US

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

8/30/1990

5. FEI Number

593032867

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
John Frank, Jr.

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

9730 Shamokin Lane

Suite, Apt. #, Etc.

City
Port Richey

State

FL

Zip Code

34668

PROFIT CORPORATIONS ONLY

☒ The \$600.00 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**

John Frank Jr.

REGISTERED AGENT MUST SIGN

Date 4/28/10

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
P/D/S/T	John Frank, Jr.	9730 Shamokin Lane	Port Richey, FL 34668

10. E-mail Address: john.frank21@verizon.net

(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:

John Frank Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-10

Date

Daytime Phone #