

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 APR -4 AM 9:41

ALLIANCE STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N03000001430

1. Corporation Name

SUN Kist Property OWNER'S Association Inc  
1106 N. Pebble Beach Blvd  
SUN City Center, FL 33573

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

1106 N Pebble Beach Blvd

3. Mailing Office Address

1106 N. Pebble Beach Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sun City Center, FL

City & State

Sun City Center FL

Zip

33573

Country

USA

Zip

33573

Country

USA

4. Date Incorporated or Qualified Feb. 7, 2003  
To Do Business in Florida  
(Filed Feb. 17, 2003)

5. FEI Number

59-6173449

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

James P. Hines Jr

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

315 S. Hyde Pk. Ave

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33606

☒ 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

J. P. Hines Jr  
REGISTERED AGENT MUST SIGN

Date

3-27-07

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	<u>Diane Owens</u>	<u>1208 N. Pebble Beach Blvd.</u>	<u>Sun City Center, FL 33573</u>
V/D	<u>Sandy Mault</u>	<u>1202 N. Pebble Beach Blvd</u>	<u>Sun City Center, FL 33573</u>
T/D	<u>Judith Clapp</u>	<u>1106 N. Pebble Beach Blvd</u>	<u>Sun City Center, FL 33573</u>
S/D	<u>Judy Maggard</u>	<u>1210 N. Pebble Beach Blvd</u>	<u>Sun City Center, FL 33573</u>
	<u>[Signature]</u>		

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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:

DIANE K. OWENS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-21-07

Daytime Phone #

(813)633-5416