PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 MAR 21 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N31256

1. Corporation Name
The Sunset Landing Association, Inc.

2. Principal Office Address	3. Mailing Office Address
5532 Sunset Landing	5532 Sunset Landing
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Augustine, FL	City & State: St. Augustine FL
Zip: 32080 Country:	Zip: 32080 Country:

REINSTATEMENT 9/10/01

4. Date Incorporated or Qualified To Do Business in Florida

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: Stan Zielinski

Street Address (P.O. Box Number is Not Acceptable): 5549 Sunset Landing Circle

Suite, Apt. #, Etc.:

City: St. Augustine State: FL Zip Code: 32080

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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: Stan Zielinski
REGISTERED AGENT MUST SIGN

Date 03/10/01

CR2E081 (9/99)

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	Stan Zielinski (D)	5549 Sunset Landing Circle	St. Augustine, FL 32080
V	Jack Stanley (D)	5501 Sunset Landing Circle	St. Augustine, FL 32080
S/T	Elizabeth Langdon (D)	5532 Sunset Landing Circle	St. Augustine, FL 32080

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.

SIGNATURE: Stanley Zielinski 03/10/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #