## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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## CORPORATION PRINCIALEMENT



## FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 

1. Corporation Name

Sunstone Association, Inc.

**Naples** 

| 40 | Christian | B. | Felden, Esq |
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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|                           |                                      |                       | TO COLOR P. TORON            | 11, C34  |              |               |                  |
|---------------------------|--------------------------------------|-----------------------|------------------------------|--|--------------|---------------|------------------|
|                           | al Office Address<br>amiami Trail N. | 3. Mailing O          | office Address               | 200  | • • • •      | 2             | 1                |
| Suite, Apt. #<br>Suite 41 |                                      | Suite, Apt. #,        |                              | 2002   |              | <u> 3K</u>    | X                |
| City & State              |                                      | City & State          |                              | 4. Date Incorporated To Do Business in         |              | 10/1994       | •                |
| Naples,                   | FL ,                                 |                       |                              | 5. FEI Number                                  |              |               | Applied For      |
| Zip                       | Country                              | Zip                   | Country                      | 650602042                                      |              |               | Not Applicable   |
| 34103                     | Collier                              |                       | ,                            | CERTIFICATE OF STA                             | TUS DESIRED  | \$8.75 Additi | onal Fee requir  |
|                           |                                      | 7. N                  | ame and Address of Current R | egistered Agent                                |              | ior a Cerm    | ficate of Status |
|                           | Name Christian B. Feld               |                       |                              |  |              |               |                  |
|                           | Street Address (P.O. Box Numb        | er is Not Acceptable) | 838 Tamiami Trail N.         | <u>,                                      </u> |              |               |                  |
|                           | Suite, Apt. #, Etc. Suite 416        |                       |                              |  | <del>-</del> |               | _                |

| . I, being | appointed the registered ag | gent of the above named corporation, am fa | amiliar with and accept the obligation | s of section 607 0605 as 617 0600 .c.s     |
|------------|-----------------------------|--|--|--|
|            | <i>^</i>                    | 4  |  | o at population, 001,0000 of 017,0003, F.S |

Signature of Registered Agent Chuston B Ale

REGISTERED AGENT MUST SIGN

Zip Code

34103

State

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit

| Titles      | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip    |
|-------------|--------------------------------------|---|-----------------------|
| PD          | James E. Jenkins                     | 4970 Deerfield Way, #204                          | Naples, FL 34110      |
| /PD         | Viki Felden                          | 3838 Tamiami Trail N.                             | Naples, FL 34103      |
| D           | Joel W. Arvilla                      | P.O. Box 2086                                     | Mar∞ Island, FL 34146 |
| <u>.</u>    |                                      |   |                       |
| <del></del> |                                      |   |                       |
| -           |                                      |   |                       |

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:

SIGNATURE AND NAME OF SIGNING OFFICER OR DIRECTOR YPED OR PRIN

James E. Jenkins

11/01/02

(239) 263-2277

Date

Daytime Phone #

CR2E081

3838 Tamiami Trail N Suite 416 Naples, FL 34103



## Sunstone Association, Inc.

November 1, 2002

Division of Corporations Registration Section 409 E. Gaines Street Talahassee, FL 32399

-Dear Sir or Madam: -

Please find enclosed the form of re-instatement for the above mentioned Florida Non Profit Corporation. The above named company never received the UBR at the correct address as stated above, it was mailed to the previous registered agent whom never forwarded it to the new registered agent and therefore the company was not aware of the current status of said corporation.

We respectfully request that the State Division of Corporations waive the late filing fee for the aforementioned reason. Enclosed is a check in the amount of \$70.00 for the filing fee and Certificate. Your cooperation is greatly appreciated.

Sincerely,

Christian B. Felden, Esq.

Registered Agent