


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N94000004978

1. Corporation Name
SUNSTONE ASSOCIATION, INC.

Principal Place of Business C/O CHRISTIAN B. FELDEN. ESQ. 3838 TAMIAMI TRIAL N. STE. #416 NAPLES FL 34103 US	Mailing Address C/O CHRISTIAN B. FELDEN. ESQ. 3838 TAMIAMI TRIAL N. STE. #416 NAPLES FL 34103 US
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FILED
 04 JAN 13 PM 1:49
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



REINSTATEMENT 03-04

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable do Stock Community Svc. Suite, Apt. #, etc. 5692 Strand Ct. City & State Naples, FL Zip 34110 Country USA	3. New Mailing Office Address, If Applicable do Stock Community Svc. Suite, Apt. #, etc. 5692 Strand Ct. City & State Naples, FL Zip 34110 Country USA
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4. Date Incorporated or Qualified To Do Business in Florida 10/10/1994	
5. FEI Number 65-0602042	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	JENKINS, JAMES E	4970 DEERFIELD WAY, #204	NAPLES FL
VPD	FELDEN, VIKI	3838 TAMIAMI TRAIL NORTH	NAPLES FL 34103
D	ARVILLA, JOEL W	P.O. BOX 2086	MARCO ISLAND FL 34146
D	Sandy Houldsworth	5692 Strand Ct. Naples, FL 34110	Naples, FL 34110
			000026889430 01/13/04--01095--004 **297.50

8. Name and Address of Current Registered Agent FELDEN, CHRISTIAN B ESQ. 3838 TAMIAMI TRAIL NORTH SUITE 416 NAPLES FL 34103	9. Name and Address of New Registered Agent Name <u>Stock Community Services, LLC</u> Street Address (P.O. Box Number is Not Acceptable) <u>5692 Strand Ct.</u> Suite, Apt. #, Etc. <u>Naples</u> City <u>Naples</u> State <u>FL</u> Zip Code <u>34110</u>
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent Sandy Houldsworth (Manager) Date 01-06-04
 REGISTERED AGENT MUST SIGN

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 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: Sandy Houldsworth SANDY HOULOSWORTH Date January 6, 2004
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 239-592-7344