

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 OCT 19 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **745371**

1. Corporation Name

SUNWOOD CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**4516-4520 SE 6TH PLACE
-STE 20-
CAPE CORAL FL 33904
US**

Mailing Address

**4516-4520 SE 6TH PLACE
-STE 20-
CAPE CORAL FL 33904
US**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

2-C

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

2-C

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/27/1978

5. FEI Number

59-3093945

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$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
DT	GIORDANO, ALBERT R PEEL, PEGGY A	4516 SE 6TH PL SUITE 20 2-C	CAPE CORAL, FL 00000 33904
DS	OUELLETTE, DOROTHEA	4520 SE 6TH PL SUITE 1B	CAPE CORAL, FL 00000 33904
DPT DP	KONETZKA, HELEN PEEL, ROBERT P	4516 SE 6TH PL SUITE 40 2-C	CAPE CORAL, FL 00000 33904
			900003027329--7 -10/28/99--01003--004 *****61.25 *****61.25
			LS

8. Name and Address of Current Registered Agent

~~KONETZKA, HELEN~~
~~4516 SE 6TH PL~~
~~STE 20~~
~~CAPE CORAL FL 33904~~

9. Name and Address of New Registered Agent

Name **PEEL, ROBERT P.**
Street Address (P.O. Box Number is Not Acceptable)
4516 SE 6TH PLACE
Suite, Apt. #, Etc.
2-C
City **CAPE CORAL** State **FL** Zip Code **33904**

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.

Signature of
Registered Agent

Robert P. Peel
REGISTERED AGENT MUST SIGN

Date **10-14-99**

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:

ROBERT P. PEEL
Robert P. Peel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-14-99 941-542-5164

(2)

10-14-99

To Whom It May Concern.

Enclosed please find a check
for \$61.25 and then statement
forms with corrections made.
We did not receive the
documents, they went to prison
officer & agent, she has
donated.

Thank you
Robert P. Rine