

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

05 JUL 28 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. Eckert AUG 04 2005

DOCUMENT # 761999

1. Corporation Name

Sunset Villas Condominium Association, Inc.

100058003121
07/28/05--01009--004 **1338.75

2. Principal Office Address

1905 Meadow Ct.

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33406

Country

USA

3. Mailing Office Address

1905 Meadow Ct.

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33406

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

02/16/1982

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

Betty M. Rafter

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

1905 Meadow Ct.

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33406

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

Betty M. Rafter
REGISTERED AGENT MUST SIGN

Date 7-21-05

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
PD	Rafter, John P., Sr.	1905 Meadow Ct.	West Palm Beach, FL 33406
D	Rafter, John P., Jr.	2420 Palmetto Rd.	West Palm Beach, FL 33406
VD	Rezakhani, Patti Rafter	3305 Church Hill Dr.	Boynton Beach, FL 33435
STD	Rafter, Betty M.	1905 Meadow Ct.	West Palm Beach, FL 33406
D	Rafter, David P.	7102 E. 17th Ave.	Anchorage, AK

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-21-05

Date

561-357-5722

Daytime Phone #