


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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| APPLICATION FOR REINSTATEMENT |  | FLORIDA DEPARTMENT OF STATE |
| | | Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |

DOCUMENT # 322091

1. Corporation Name
SUNSET ISLE PARK INC

| | |
|--|--|
| Principal Place of Business HIGHWAY 24 P.O. BOX 150 CEDAR KEY FL 32625 | Mailing Address HIGHWAY 24 P.O. BOX 150 CEDAR KEY FL 32625 |
|--|--|

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

| | | | | | |
|--|---------|--|---------|---|--|
| 2. New Principal Office Address, If Applicable | | 3. New Mailing Office Address, If Applicable | | 4. Date Incorporated or Qualified To Do Business in Florida 10/10/1967 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. FEI Number 59-1198983 | |
| City & State | | City & State | | Applied For <input type="checkbox"/> Not Applicable | |
| Zip | Country | Zip | Country | 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 (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|--------------------------------|-------------------------------------|---|------------------------------|
| P | TAYLOR, FRANCES C | HIGHWAY 24 | CEDAR KEY FL |
| TD | RAYMOND, PAUL E | 629 N. PENINSULA | DAYTONA BEACH FL |
| D | TAYLOR, JAMES A | HIGHWAY 24 | CEDAR KEY FL |
| | | | 500002340305--3 |
| | | | 11/06/97--01079--002 |
| | | | ****750.00 ****750.00 |
| REINSTATEMENT <u>97</u> | | | |
| <u>56 11-5-97</u> | | | |

| | | | |
|--|--|--|--------------------|
| 8. Name and Address of Current Registered Agent | | 9. Name and Address of New Registered Agent | |
| TAYLOR, FRANCES C HIGHWAY 24 CEDAR KEY FL 32625 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | Suite, Apt. #, Etc. | |
| | | City | State FL |

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 Frances C. Taylor Date Nov 3, 1997
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐ (See other side for information on Intangible tax.)

12. 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: Frances C. Taylor Nov. 3, 1997 352-543-5375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #