

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 322091

1. Corporation Name

SUNSET ISLE PARK, INC

2. Principal Office Address
11850 S.W. SR # 24
P.O. BOX 150

Suite, Apt. #, etc.

City & State

CEDAR KEY, FLORIDA

Zip

32625

Country

LEVY

3. Mailing Office Address
11850 S.W. SR # 24
P.O. BOX 150

Suite, Apt. #, etc.

City & State

CEDAR KEY, FLORIDA

Zip

32625

Country

LEVY

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

10/10/67

5. FEI Number

59-1198983

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

TAYLOR, FRANCES C

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

11850 S.W. SR # 24

Suite, Apt. #, Etc.

City

CEDAR KEY

State

FL

Zip Code

32625

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

Frances C. Taylor

REGISTERED AGENT MUST SIGN

Date

2-29-00

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
P	TAYLOR, FRANCES C	11850 S.W. SR # 24	CEDAR KEY, FL 32625
D	TAYLOR, JAMES A.	11850 S.W. SR # 24, APT 6	CEDAR KEY, FL 32625
D	LEWIS, ELIZABETH A	11850 S.W. SR # 24, LOT 4	CEDAR KEY, FL 32625

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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:

Frances C. Taylor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-29-00

Date

352-543-9974

Daytime Phone #