

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

37 JUN 15 AM 8:39

DOCUMENT # 631384

1. Corporation Name

SUN KETCH REALTY, INC.

000104436070
06/15/07- 01062--002 **1050.00

2. Principal Office Address - No P.O. Box #

4900 CREEKSIDE DR.

Suite, Apt. #, etc.

SUITE "H"

City & State

CLEARWATER FLORIDA

Zip

33760

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 65-07

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-1940590

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

RALPH W. QUARTETTI

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

4900 CREEKSIDE DRIVE

Suite, Apt. #, Etc.

SUITE "H"

City

CLEARWATER

State

FL

Zip Code

33760

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

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/D	RALPH W. QUARTETTI	4900 CREEKSIDE DRIVE STE H	CLEARWATER, FL 33760

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 contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and the signature shall have the same legal effect as if made under oath.

SIGNATURE:

RALPH W. QUARTETTI 6/6/07 (727) 592-0289

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #