PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 DEC 10 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 728017

1. Corporation Name

SUNRISE #1 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
488 NE 18TH AVE 101 HOMESTEAD FL 33033 US	488 NE 18TH AVE 101 HOMESTEAD FL 33033 US

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Homestead FL
Zip / Country	Zip: 33033 / Country: USA

28271 Sw 136 Pl.

4. Date Incorporated or Qualified To Do Business in Florida: 11/14/1973

5. FEI Number: 59-1583845 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
VPD	MARTIN, BETTY	488 NE 18TH AVE #205	HOMESTEAD, FL 00000
STD	CURL, JOHN KELLY	488 NE 18TH AVENUE, #101	HOMESTEAD FL
~~PD~~	~~FLICKINGER, ARLYNE S.~~ deceased	~~488 N.E. 18TH AVE #100~~	~~HOMESTEAD FL~~
~~VPD~~ PD	MALLORY, JEANETTE	488 NE 18TH AVE #102	HOMESTEAD FL
	REINSTATEMENT		

12/11/98

8. Name and Address of Current Registered Agent

CURL, JOHN K
488 NE 18 AVE
101
HOMESTEAD FL 33033

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

000002712140--9
-12713/98--01003--003
****236.25 ****236.25

CR2E040 (9/98)

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: John K. Curl SIGNATURE REQUIRED — Date: Dec. 4, 1998

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: John K. Curl SIGNATURE REQUIRED John K. Curl 12-6-98 305-245-2020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0022083 AF