

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT 19 AM 5:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 738228

1. Corporation Name

Sunrise Point Villas, Inc

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

102 Country Club Dr

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Lake Placid FL

City & State

Zip

33852

Country

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2936079

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

Breig, Dolores

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

102 Country Club Drive

Suite, Apt. #, Etc.

City

Lake Placid

State
FL

Zip Code

33852

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

Breig, Dolores

REGISTERED AGENT MUST SIGN

Date *10/15/09*

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	<i>Creel, Diane</i>	<i>114 Country Club Drive</i>	<i>Lake Placid FL 33852</i>
VP	<i>Pitts, Archie</i>	<i>108 Country Club Drive</i>	<i>Lake Placid FL 33852</i>
ST	<i>Breig, Dolores</i>	<i>102 Country Club Drive</i>	<i>Lake Placid FL 33852</i>
D	<i>Over, June</i>	<i>104 Country Club Drive</i>	<i>Lake Placid FL 33852</i>

REINSTATEMENT

RH

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 my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Breig, Dolores

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/09

Date

863-465-4412

Daytime Phone #