

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 KENNETH HARVEY
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

OPAR

FILED

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DOCUMENT # **745371**

99 OCT 19 PM 12:41

1. Corporation Name
SUNWOOD CONDOMINIUM ASSOCIATION, INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 4516-4520 SE 6TH PLACE STE 20 CAPE CORAL FL 33904 US	Mailing Address 4516-4520 SE 6TH PLACE STE 20 CAPE CORAL FL 33904 US
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable Suite, Apt. #, etc. 2-C City & State Zip Country	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. 2-C City & State Zip Country	4. Date Incorporated or Qualified To Do Business In Florida 12/27/1978	5. FEI Number 59-3093945 Applied For Not Applicable
		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	4. City / State / Zip
DT	GIORDANO, ALBERT R PEEL, PEGGY A	4516 SE 6TH PL SUITE 20 2C	CAPE CORAL, FL 00000 33904
DS	OUELLETTE, DOROTHEA	4520 SE 6TH PL SUITE 1B	CAPE CORAL, FL 00000 33904
DPT DP	KONETZKA, HELEN PEEL, ROBERT P	4516 SE 6TH PL SUITE 10 2C	CAPE CORAL, FL 00000 33904
			900003027329--7 -10/28/99--01003--004 *****61.25 *****61.25 LS

8. Name and Address of Current Registered Agent KONETZKA, HELEN 4510 SE 6 PL STE 20 CAPE CORAL FL 33904	9. Name and Address of New Registered Agent Name PEEL, ROBERT P. Street Address (P.O. Box Number is Not Acceptable) 4516 SE 6TH PLACE Suite, Apt. #, Etc. 2-C City CAPE CORAL State FL Zip Code 33904
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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 **Robert P. Peel** Date **10-14-99**
 REGISTERED AGENT MUST SIGN

11. 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.
ROBERT P. PEEL
 SIGNATURE: **Robert P. Peel** Date **10-14-99** 941-542-5164
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

(2)

10-14-99

To Whom It May Concern,

Enclosed please find a check
for \$61.25 and (her statement
forms with corrections) made.
We did not receive the
documents, they went to prison
officer & agent, she has
donated.

Thank you
Renee P. Rice