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
07 AUG 20 PM 2:52

DOCUMENT # 745527

REINSTATEMENT 89-07

W07000038850

CR2E081 (1/07)

1. Corporation Name
SUN KING CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
19540 Gulf Blvd.	2511 MASON OAKS DR
Suite, Apt. #, etc.: Unit #1	Suite, Apt. #, etc.:
City & State: Indian Shores, FL	City & State: VALRICO, FL
Zip: 33785 Country: USA	Zip: 33596 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 05/07/1986

5. FEI Number: 590304050 ☐ 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: CONNIE DIGNUM
Street Address (P.O. Box Number Is Not Acceptable): 2511 MASON OAKS DR
Suite, Apt. #, Etc.:
City: VALRICO State: FL Zip Code: 33596

☒ 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: Connie Dignum Date: 8/7/07
REGISTERED AGENT MUST SIGN

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
PRES	LINDA ZUBEK	13986 BONNIE BRAE DR	LARGO, FL 33774
SEC	BARBARA MULLIS	19540 GULF BLVD #1	INDIAN SHORES FL 33785
TREA	CONNIE DIGNUM	2511 MASON OAKS DR	VALRICO FL 33596
			800107609696 08/28/07--01035--002 **302.50
			800107609696 09/09/07--01026--009 **1163.75

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: Connie Dignum CONNIE DIGNUM 8/7/07 813-681-3878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #