

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Gleada E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 749226

1. Corporation Name

SUNPLACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

19530 GULF BLVD
APT 5 B
INDIAN SHORES FL 33785

CAROL MYERS
19530 GULF BLVD 12010 HARDAMAN PL.
APT 5-B TAMPA, FL
INDIAN SHORES FL 33785 33619

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

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/08/1979

5. FEI Number

59-2065452

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 3	City / State / Zip 4
VPD	DAUDELIN, LAURENCE	7973 3RD AVE S	INDIAN ROCKS BEACH FL 33707
PD	GARDELLA, DAVID D	481 HARBOR DR S	INDIAN ROCKS BEACH FL 33785
TD	BRUNER, PEPPE MYERS, CAROL	19530 GULF BLVD 12010 HARDAMAN PLACE	INDIAN SHORES FL 33785 TAMPA, FL 33618

700040645917
08/30/04--01079--003 **122.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GARDELLA, DAVID D.
481 HARBOR DR S
INDIAN SHORES BEACH FL 33785

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID GARDELLA, PRESIDENT

Date

Daytime Phone #

AUGUST 18, 2004 (727) 595-1604

FILED

04 AUG 30 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03-04

CR2E040 (7/03)

August 18, 2004

Department of State
Division of Corporations
P.O Box 6327
Tallahassee, FL 32314

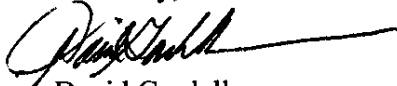
Dear Division of Corp.,

Attached please find a check in the amount of One Hundred Twenty Two Dollars and Fifty Cents (\$122.50) which represents 2003 and 2004 fees.

As I discussed with someone from your department on July 29th, 2004, our condominium association never received the renewal forms; therefor we were unable to renew with the state. The attached reinstatement form has been changed to show the new mailing address for any future correspondence. By using the new mailing address we will not have this problem in the future.

If you have any questions after your review please don't hesitate to call me, I can be reached at 727-595-1604 ext.114. Thank you again for your help in getting this issue resolved.

Sincerely,



David Gardella
President, Sunplace Condominium Assoc.