

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

11 AUG 10 PM 2:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **149226**

1. Corporation Name

**Sunplace Condominium Association**

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

**321 INDIAN ROCKS RD**

3. Mailing Office Address

**12010 HARDAMAN PLACE**

Suite, Apt. #, etc.

**SUITE A**

Suite, Apt. #, etc.

City & State

**BELLEAIR BLUFFS, FL**

City & State

**TAMPA, FLORIDA**

Zip

**33770**

Country

**USA**

Zip

**33618**

Country

**USA**

CR2B081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

**10/8/1979**

5. FEI Number

**592065452**

☐ 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

**DAVID GARDELLA**

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

**321 INDIAN ROCKS RD**

Suite, Apt. #, Etc.

**SUITE A**

City

**BELLEAIR BLUFFS, FL**

State

**FL**

Zip Code

**33770**

**000209639480**  
**07/05/11--01057--026 \*\*358.75**

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

REGISTERED AGENT MUST SIGN

Date **JUNE 30, 2011**

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
S T	CAROL MYERS-FUQUA	12010 HARDAMAN PL	TAMPA, FL 33618
VP	LARRY DAUDELIN	7973 3RD AVE.S	ST PETERSBURG, FL 33707
P	DAVID GARDELLA	321 INDIAN ROCKS RD N ST A,	BELLEAIR BLUFFS, FL 33770

**REINSTATEMENT**

**09-11**

10. E-mail Address: **MYSUNPLACE@VERIZON.NET**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

**CAROL MYERS-FUQUA**

**JUNE 30, 2011 813 2695939**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #