

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2011-2014

DOCUMENT # 755146

1. Corporation Name

Sundance Village Homeowners'  
Association, Inc.

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

2480 Sunburst Place

Suite, Apt. #, etc.

3. Mailing Office Address

2480 Sunburst Place

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32301

Country

USA

Zip

32301

Country

USA

7. Name and Address of Current Registered Agent

Name

Dolores J. Wilder (Doe Wilder)

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

2480 Sunburst Place

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Dolores J. Wilder

REGISTERED AGENT MUST SIGN

Date

6/12/2014

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
PD	Robert Overton	2478 Sunburst Place	Tallahassee, FL 32301
SD	Dolores J. Wilder	2480 Sunburst Place	Tallahassee, FL 32301
TD	John Wiggins	2494 Sunburst Place	Tallahassee, FL 32301

10. E-mail Address: dwilder\_32301@yahoo.com

(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:

Dolores J. Wilder

Dolores J. Wilder

Date

6/12/14

Daytime Phone

850-942-16613

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