

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

16 AUG -2 AM 9:26

SECRETARY OF STATE
CALL HASSEY FLORIDA

DOCUMENT # 755507

1. Corporation Name

Sunset Terrace Condominium
Association, Inc.

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

C/o IVP of FL, Inc.
3001 Gulf Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

C/o IVP of FL, Inc.
3001 Gulf Drive

Suite, Apt. #, etc.

City & State

Holmes Beach, FL

Zip

34217

Country

Manatee

City & State

Holmes Beach, FL

Zip

34217

Country

Manatee

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

12-11-1980

5. FEI Number

59-2444204

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

Kelly Helm, CAM

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

C/o IVP of FL 3001 Gulf Drive

Suite, Apt. #, Etc.

City

Holmes Beach

State

FL

Zip Code

34217

800288644359
08/02/16--01037--024 **236.25

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

Kelly Helm

REGISTERED AGENT MUST SIGN

Date 7/26/16

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
P	Cynthia Little	C/o IVP of FL 3001 Gulf Drive	Holmes Beach FL 34217
T	Dr. Michael Weiner	" "	" "
S	Mark Gerlach	" "	" "
D	David Kielpinski	" "	" "
	2016 -		
	REINSTATEMENT		S. HAWKES

10. E-mail Address: Kelly@islandvacationproperties.com

(To be used for future annual report notification)

EXAMINED

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:

Kelly Helm, CAM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-26-16 941-778-1000 X105