

## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 JAN 21 PM 2:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 758615

1. Corporation Name

SUN &amp; SURF CONDOMINIUM, INC.

Principal Place of Business

19206 GULF BLVD  
INDIAN SHORES FL 34635

Mailing Address

19206 GULF BLVD  
INDIAN SHORES FL 34635

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 &amp; State

City &amp; State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified  
To Do Business in Florida

06/03/1981

5. FEI Number

NOT APPLICABLE

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 (Do NOT Use Post Office Box Numbers) 3	City/State/Zip 4
<del>VD</del>	<del>BICKERBER, GALLY</del>	19218 GULF BLVD.	INDIAN SHORES FL
V	MOORE, ANDREW D.	19218 GULF BLVD.	INDIAN SHORES FL
PD	SANFORD, GREG	19218 GULF BLVD.	INDIAN SHORES FL
	MOORE, DENNIS H.		
STD	SANFORD, KIM	19218 GULF BLVD.	INDIAN SHORES FL
	MOORE, KATHRYN H.		
D	DE LA CRUZ, HELGA	19218 GULF BLVD	INDIAN SHORES FL

8. Name and Address of Current Registered Agent

SANFORD, KIM  
192188 GULF BLVD.  
INDIAN SHORES FL 34635

9. Name and Address of New Registered Agent

Name

KATHRYN H. MOORE

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

19218 GULF BLVD

Suite, Apt. #, Etc.

City

INDIAN SHORES

State

FL

Zip Code

34635

I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

K. H. Moore

Date

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)12. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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:

K. H. Moore K. H. MOORE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-595 7635

CR2040 (6/95)