PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 APR 29 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04-03

DOCUMENT # 760584

1. Corporation Name

SUNNY TRAIL II CONDOMINIUM ASSOCIATION, INC

100017278241
04/29/03--01028--028 **122.50

2. Principal Office Address	**3.** Mailing Office Address
187 FOREST LAKES BLVD	187 FOREST LAKES BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ~~NAPLES, FL~~	City & State: NAPLES, FL
Zip: 34105 Country: USA	Zip: 34105 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 5-29-90

5. FEI Number: 65-0571731 ☐ 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: ROBERT T. GRACEY

Street Address (P.O. Box Number is Not Acceptable): 187 FOREST LAKES BLVD.

Suite, Apt. #, Etc.:

City: NAPLES State: FL Zip Code: 34105

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 _____ Date _____

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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	IRVINE, GENE	3460 BALLYBRIDGE CIR. #102	BONITA SPRINGS, FL 34134
D	IRVINE, MAY	3460 BALLYBRIDGE CIR. #102	BONITA SPRINGS, FL 34134
D	PIEZZI, JOHN JR.	830 WIGGINS PASS RD. #6B	NAPLES, FL 34110

10. 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: _____ Eugene IRVINE 4/21/03 239-592-2679

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gr 4/30

SUNNY TRAIL II CONDOMINIUM, INC.
187 FOREST LAKES BOULEVARD
NAPLES, FL 34105
239-649-5667
239-649-5667 (FAX)

April 22, 2003

Department of State
Division of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, FL 32314

Re: Sunny Trail II Condominium Association, Inc. - Document #N753184

Gentlemen:

We apologize for the lateness of this remittance. We have never received the UBR Form for the last two years. We are enclosing Application for Reinstatement and our Check No. 1214 for payment for 2002 and 2003.

Thank you for your consideration in this matter.

Sincerely,

Robert T. Gracey
Association Manager

Enclosure (2)