

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY 15 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 761303

1. Corporation Name

SUNSHINE VILLAS CONDOMINIUM
ASSOCIATION, INC.

REINSTATEMENT

CR2E081 (1/07)

05-07

2. Principal Office Address - No P.O. Box # 1822 North Belcher Road		3. Mailing Office Address 1822 North Belcher Road	
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc. Suite 200	
City & State Clearwater, Florida		City & State Clearwater, Florida	
Zip 33765	Country USA	Zip 33765	Country USA

4. Date Incorporated or Qualified To Do Business in Florida	12-31-81
5. FEI Number	592181396
Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED	<input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
George G. Pappas

Street Address (P.O. Box Number is Not Acceptable)
1822 North Belcher Road

Suite, Apt. #, Etc.
Suite 200

City
Clearwater

State
FL

Zip Code
33765

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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
George G. Pappas REGISTERED AGENT MUST SIGN

Date
May 14, 2007

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	Anthony Aloizakis	1996 Bonnie Court	Dunedin, Florida 34698
STD	Nicholas Galiatsatos	1996 Bonnie Court	Dunedin, Florida 34698
D	Ourania Aloizakis	1996 Bonnie Court	Dunedin, Florida 34698

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K. Eckel MAY 15 2007

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
5/14/07 (727) 4637070

Daytime Phone #