

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

96 DEC -9 PM 4:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F95000003640

1. Corporation Name

EDGEWOOD MANAGEMENT CORPORATION

Principal Place of Business

4340 E W HWY #300  
BETHESDA MD 20814

Mailing Address

4340 E W HWY #300  
BETHESDA MD 20814

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 & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

07/27/1995

5. FEI Number

52-1491854

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ SB.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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	BERNOLD, ELLIOT	4340 E W HWY #300	BETHESDA MD 20814
V	GREENE, H. JACE III	4340 E W HWY #300	BETHESDA MD 20814
<del>G</del>	<del>MAZER, DONNA</del>	<del>4340 E W HWY #300</del>	<del>BETHESDA MD 20814</del>
<del>T</del>	<del>KOUBEK, DENNIS</del>	<del>4340 E W HWY #300</del>	<del>BETHESDA MD 20814</del>
S/T	MARGARET C. WINTERS	4340 E W HWY #300	BETHESDA, MD 20814

500002025715--5  
-12/11/96  
\*\*\*\*375.800\*\*\*\*375.800

8. Name and Address of Current Registered Agent

SUNSET HOUSING INC T/A SUNSET LANDING APTS  
803 DON QUIXOTE AVE  
ORLANDO FL 32807

9. Name and Address of New Registered Agent

Name  
SUNSET LANDING LLC T/A SUNSET LANDING APTS  
Street Address (P.O. Box Number is Not Acceptable)  
803 DON QUIXOTE AVE.  
Suite, Apt. #, etc.  
City  
ORLANDO  
State  
FL  
Zip Code  
32807

10. 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

*Elliot Bernold*  
REGISTERED AGENT MUST SIGN

Date 11/7/96

11. 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.)

12. 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 taxes 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: *Margaret C. Winters*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-6-96  
Date

301-654-1420  
Daytime Phone #