UCC SERVICES Fax:8506816011 Aug 11 '99 12:58 P.02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 97-99

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

FILED
99 AUG 30 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 521474

1. Corporation Name: Sun 'n Lake Realty + Development, Inc.

800002975228--6
-08/31/99--01085--012
****550.00 ****550.00

Principal Place of Business: 4119 Sun 'n Lake Blvd. Sebring, FL. 33872-2131

Mailing Address:

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 97- SP

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

4. Date Incorporated or Qualified To Do Business In Florida: 6/26/86

5. FEI Number: 59-2694117 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☐

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/D	ROBERT E. SEVERINO	6520 MATANZAS DR SEBRING FL 33872	SEBRING FL 33872
T	ROBERT E. SEVERINO	6520 MATANZAS DR	SEBRING FL 33872
S	ROBERT E. SEVERINO	6520 MATANZAS DR	SEBRING FL 33872
V.P.	STEVE MARABEL	3206 MONZA DR.	SEBRING FL. 33872
D	GLADYS RIVERO	1701 SUNRISE DR	SEBRING FL 33872

800002975228--6
-08/31/99--01085--013
****500.00 ****500.00

8. Name and Address of Current Registered Agent

JAMES MCCOLLUM
129 S. COMMERCE AVE
SEBRING FL 33870

9. Name and Address of New Registered Agent

Name: ROBERT E. SEVERINO
Street Address (P.O. Box Number is Not Acceptable): 6520 MATANZAS DR.
Suite, Apt. #, Etc.:
City: SEBRING State: FL Zip Code: 33872

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: Robert E. Severino Date: 8/27/99
REGISTERED AGENT MUST SIGN

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 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: Robert E. Severino 8/27/99 941-385-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ROBERT E. SEVERINO