

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

15 APR 21 AM 9:08
RECEIVED
DATE
TIME

DOCUMENT # **NO1000002805**

1. Corporation Name
**SUNSHINE PARK COMMUNITY ASSOCIATION
INC**

2. Principal Office Address - No P.O. Box #

5718 Ashen Ave

Suite, Apt. #, etc.

3. Mailing Office Address

5718 Ashen Ave

Suite, Apt. #, etc.

City & State

New Port Richey 71

Zip

34652

Country

US

City & State

New Port Richey 71

Zip

34652

Country

US

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

April 18, 2001

5. FET Number

593716539

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
Viola Derby

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

5733 Columbia DR

Suite, Apt. #, Etc.

City
New Port Richey

State

FL

Zip Code

34652

REINSTATEMENT

APR 21 2015

3002707514 HUNT

**03/17/15 - 01036 - 015
\$ 297.50**

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

Kwila Derby

Date **4-12-2015**

REGISTERED AGENT MUST SIGN

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
P	JANET SHAFFER	4213 Pierce CT	New Port Richey 71 34652
VP	BRENDA HUFFMAN	4314 Pinefield Ave	Holiday 71 34691
S	ANITA HIXSON	5732 Ashen Ave	New Port Richey 71 34652
T	Viola Derby	5733 Columbia DR	New Port Richey 71 34652
D	Phil White	5703 Ashen Ave	New Port Richey 71 34652
D	Richard Olum	5707 Ashen Ave	New Port Richey 71 34652

10. E-mail Address: **ANITA.HIXSON@Yahoo.com**

(To be used for future annual report notification)

11. 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. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Kwila Derby

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-2015

Date

Daytime Phone #

D. Joyce Hall 5719 Ashen Ave New Port Richey 71. ^{PC 2} 34652
D Chuck Chambers 5714 SAVANNAH AVE New Port Richey 71 34652
D Jeff Huffman 4314 Pinefield Ave Holiday 71 34691

Document # N01000002805

Sunshine PARK Community ASSOCIATION INC.
FEI # 593716539