

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUL - 2 AM 10:45

DOCUMENT # N 02629

1. Corporation Name

Sun Palms Condominium Association Inc

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

170 Flagler Lane

Suite, Apt. #, etc.

3. Mailing Office Address

200 North First Street

Suite, Apt. #, etc.

City & State

Cocoa Beach Florida

City & State

Cocoa Beach Florida

Zip

32931

Country

USA

Zip

32931

Country

USA

800132087098
07/02/08--01031--014 **1645.00

REINSTATEMENT 85-08

4. Date Incorporated or Qualified
To Do Business in Florida

4-18-84

5. FEI Number

59-2418371

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

Marilyn A. Rigerman

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

200 North First Street

Suite, Apt. #, Etc.

City

Cocoa Beach

State

FL

Zip Code

32931

☒ 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

Marilyn A. Rigerman
REGISTERED AGENT MUST SIGN

Date 6-27-08

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
D P	Lisa Germond	4070 Amethyst Lane	Eugan MN 55122
DVP	Dale Carlson	6900 Utica Lane	Chanhassen MN 55317
DVP	Joe Gallies	170 Flagler Lane E	Cocoa Beach FL 32931
D S	Jill Nempel	170 Flagler Lane	Cocoa Beach FL 32931
DVP	Toni Liberty	1111 Sibley Memorial Hwy	Lilydale MN 55118

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

Lisa Germond Lisa Germond 6-27-08

Date

Daytime Phone #

7/3 EW