

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 APR -3 PM 12:30

DOCUMENT # N04000005258

1. Corporation Name

Sunset House Condominium Assn, Inc.

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

8515 Creekview Lane

3. Mailing Office Address

8515 Creekview Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Englewood, FL

City & State

Englewood, FL

Zip

34224

Country

USA

Zip

34224

Country

USA

REINSTATEMENT 12-13

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5/25/04

5. FET Number

203569935

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

Ruth White

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

8515 Creekview Lane

Suite, Apt. #, Etc.

City

Englewood

State

FL

Zip Code

34224

700245621787
04/03/13--01030--008 **\$1.25

700245621787
03/12/13--01023--008 **\$236.25

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

Ruth D. White

Date 3/7/2013

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	Adelbert Eldridge	347B Boundary Blvd	Rotonda West, FL 33947
VP	Milan Markovich	347A Boundary Blvd	Rotonda West, FL 33947
T/s	Richard Baumann	520A Sweetwater Dr	Rotonda West, FL 33947

APR 04 2013

T. CAULEY

10. E-mail Address: rdw1977@comcast.net

(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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Adelbert Eldridge

3/7/13

Date

946-620-0688

Daytime Phone #