

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY -6 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N04000005644*

1. Corporation Name

*59 Sunset Place Condominium
Association, INC.*

REINSTATEMENT *07-10*

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

7440 SW 59 PLACE

3. Mailing Office Address

7440 SW 59 PLACE

100180501111
05/06/10--01041--014 ***420.00
CR2E081 (4/10)

Suite, Apt. #, etc.

HOA

Suite, Apt. #, etc.

HOA

4. Date Incorporated or Qualified
To Do Business in Florida

06/07/2004

City & State

South Miami, FL

City & State

South Miami, FL

5. FEI Number

202140732

Applied For

Not Applicable

Zip

33143

Country

USA

Zip

33143

Country

USA

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name *Patricia Ann Eldredge*

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

7440 SW 59 PLACE

Suite, Apt. #, Etc

302

City

South Miami

State

FL

Zip Code

33143

PROFIT CORPORATIONS ONLY
 The \$600.00 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

Patricia Ann Eldredge

REGISTERED AGENT MUST SIGN

Date *05/03/10*

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
<i>P/D</i>	<i>Vivian Reedy</i>	<i>7440 SW 59 PLACE #101</i>	<i>South Miami, FL 33143</i>
<i>VP/D</i>	<i>Jane Heuson</i>	<i>7440 SW 59 PLACE #301</i>	<i>South Miami, FL 33143</i>
<i>S/D</i>	<i>Julietta Valls</i>	<i>7440 SW 59 PLACE #201</i>	<i>South Miami, FL 33143</i>
<i>T/D</i>	<i>Patricia Ann Eldredge</i>	<i>7440 SW 59 PLACE #302</i>	<i>South Miami, FL 33143</i>
	<i>§ 5/10</i>		

10. E-mail Address: *anneldredge@bellsouth.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., 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.

SIGNATURE:

Patricia Ann Eldredge *PATRICIA ANN ELDRIDGE*

Date

05/03/10

Daytime Phone #

305-662-9432