

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

13 JUL 16 PM 6:40

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *N05000004674*

1. Corporation Name

Sunset Isle Owners Association, Inc.

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

260 Timber Island Rd

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 66

Suite, Apt. #, etc.

City & State

Carrabelle, FL

Zip Country

32322 USA

City & State

Carrabelle, FL

Zip Country

32322 USA

REINSTATEMENT 10-13

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-2877975

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

Richard C. Turner

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

260 Timber Island Road

Suite, Apt. #, Etc.

City

Carrabelle

State

FL

Zip Code

32322

500249845565

07/16/13--01015--024 **428.75

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

[Signature]

REGISTERED AGENT MUST SIGN

Date *7/16/13*

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>VP</i>	<i>Richard C. Turner</i>	<i>1118 Robin Drive</i>	<i>Thomasville, Ga. 31792</i>

10. E-mail Address: *rturac@rose.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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16 July 2013 229-927-0000
Daytime Phone