

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

\$297.50

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N07638

1. Corporation Name

SANDERLING PROPERTY OWNER'S ASSOCIATION, INC.

Principal Place of Business

9301 N A1A, STE 4
VERO BEACH FL 32963
US

Mailing Address

9301 N A1A, STE 4
VERO BEACH FL 32963
US



FILED

97 MAY 23 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 96-97

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/14/1985	
City & State		City & State		5. FEI Number	
Zip		Country		59-2592950	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	COLLINS, THOMAS H.	9300 HWY A1A, SUITE 201	VERO BEACH FL
DT	SHERRY, MARSHA	9301 N A1A, STE 4	VERO BEACH FL
DS	WELLS, DIANE	9301 N A1A, STE 4	VERO BEACH FL

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4/23/97

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
HAWKS, LINDA 9300 N A1A STE 4 VERO BEACH FL 32963		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent: *Linda A. Hawks* Date: 4/23/97
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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]* 4/23/96 561-589-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20040 (7/96)