

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

05 JUN 15 PM 3:40

DOCUMENT # N19467

1. Corporation Name

SUKOSHI TOWNHOMES OWNERS' ASSOCIATION, INC.

REINSTATEMENT 90-05

2. Principal Office Address

320 Sukoshi Drive
302

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Panama City

City & State

Zip
32404

Country
USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

400056206264
06/15/05--01033--004 **1155.00

5. FEI Number

59-3205203

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

Timothy J. Sloan

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

427 McKenzie Avenue

Suite, Apt. #, Etc.

City

Panama City

State
FL

Zip Code

32401

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 6/14/05

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/S/D	Carl Gajus	302 Sukoshi Dr.	Panama City, FL 32404
T/D	Marianna Grey	304 Sukoshi Dr.	Panama City, FL 32404

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 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

Carl Gajus
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 June 2005

Date

800-874-1429
Daytime Phone #