

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N21140

1. Corporation Name

SUNSET PALMETTO PARK, PHASE IV, CONDOMINIUM ASSOCIATION, INC.

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

6812 NW 77th Court

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33166

Country

USA

3. Mailing Office Address

6812 NW 77th Court

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33166

Country

USA

CR28081 (11/10)

4. Date Incorporated or Qualified

To Do Business in Florida 06/15/1987

5. FEI Number

☐ 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

BETTY SANSUR

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

6812 NW 77th Court

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33166

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 6/27/17

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PST	Betty Sansur	1661 Royal Grove Way	Weston, FL 33327
D	Natali Sansur	1678 Eagle Bend	Weston, FL 33327

10. Email Address: bsansuros@hotmail.com

(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.817.153, F.S.

SIGNATURE:

[Signature]

BETTY SANSUR

6/27/17

305 790 6313

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RE 7/12/17