

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 AUG 17 AM 7:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N26245

1. Corporation Name

Sunset Manor Homeowner's Association, Inc.

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

1002 Debule Road

Suite, Apt. #, etc.

3. Mailing Office Address

1002 Debule Road

Suite, Apt. #, etc.

City & State

Lutz, Florida

City & State

Lutz, Florida

Zip

33549

Country

USA

Zip

33549

Country

USA

REINSTATEMENT 93-07

4. Date Incorporated or Qualified To Do Business in Florida

5/3/1988

5. FEI Number

592922583

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

JAMES KAUCHICK

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

1002 Debule Road

Suite, Apt. #, Etc.

City

Lutz

State

FL

Zip Code

33549

The 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

James Kauchick

REGISTERED AGENT MUST SIGN

Date 8/10/2007

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
D	JAMES KAUCHICK	1002 Debuel Road	Lutz, FL 33549
D	KAY KAUCHICK	1002 Debuel Road	Lutz, FL 33549

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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 contained in Chapter 119, 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:

James Kauchick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/10/2007 839480545

Date

Daytime Phone #