

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
FILED
04 DEC -9 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

SUN OAKS HOMEOWNERS
ASSOCIATION, INC. N43031

2. Principal Office Address

324 SUN OAKS CT.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

LAKE MARY, FL

Zip

32746

Country

USA

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

4/16/1991

5. FEI Number

593121667

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

DORIS WINKLER

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

312 SUN OAKS CT.

Suite, Apt. #, Etc.

City

LAKE MARY

State
FL

Zip Code

32746

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

Doris S. Winkler

REGISTERED AGENT MUST SIGN

Date 12-6-04

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 D	SCOTT BONGIORNO	324 SUN OAKS CT.	LAKE MARY, FL 32746
T	CHERYL SMITH	317 SUN OAKS CT.	LAKE MARY, FL 32746
S D	EVIE SMEILES	300 SUN OAKS CT.	LAKE MARY, FL 32746
D	KAY ORR	329 SUN OAKS CT.	LAKE MARY, FL 32746
D	DORIS WINKLER	312 SUN OAKS CT.	LAKE MARY, FL 32746
D	MARCY LANUTO	309 OAKWOOD CT.	LAKE MARY, FL 32746

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:

Scott Bongiorno

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407)
12/3/04 330-5044
Date Daytime Phone #

CR2E081 (01/04)