PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT 26 PM 12:14

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DOCUMENT # N43503

1. Corporation Name

SEA DUNES DRIVE - SUNSET POINT LANE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
220 SEA DUNES DR MELBOURNE BEACH FL 32951 US	220 SEA DUNES DR MELBOURNE BEACH FL 32951 US

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business In Florida: 05/20/1991

5. FEI Number: 59-3142778 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐

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	4 City / State / Zip
PD	~~HARRISON, WALLACE~~ Dave Pavone	~~1605 SE DUNES DR~~ 265 Sea Dunes Dr	MELBOURNE BEACH FL 32951
VPD	~~PARONE, DAVE~~ Carole McDougall	~~265 SEA DUNES DR~~ 145 Sea Dunes Dr	MELBOURNE BEACH FL 32951
ST	BOGAN, PATTI	180 SEA DUNES DR	MELBOURNE BEACH FL
TT	WILLMAN, DEBRA A	220 SEA DUNES DR	MELBOURNE BEACH FL 32951

8. Name and Address of Current Registered Agent

Willman, Danny D
220 SEA DUNES DR
MELBOURNE FL 32951

9. Name and Address of New Registered Agent

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 _____ Date _____
REGISTERED AGENT MUST SIGN

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 with respect to 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 taxes 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: Debra Willman 10/21/99 407 726 9547
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

AD

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