

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 DEC -1 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001631

1. Corporation Name

SUNLAND GARDEN HOMEOWNERS, INC.

Principal Place of Business

1701 N 35TH STREET
FT PIERCE FL 34946

Mailing Address

P.O. BOX 1473
FT. PIERCE FL 34954

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

REINSTATEMENT 97

4. Date Incorporated or Qualified To Do Business in Florida

03/28/1994

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	SMITH, DOROTHY EMMA A. LOMAN	1701 N 35TH STREET 1501 N. 35th St.	FT PIERCE FL 34947
VD	TOWNSEND, QUEEN	3808 AVENUE L	FT PIERCE FL 34947
SD	JACKSON, SARAH PELT	1901 N 41 ST.	FT PIERCE FL 34947
D	STOWALL, JOHNNY	3702 AVENUE G	FT PIERCE FL 34946
T	DAVID SCOTT	4006 AVE R	FT. PIERCE FL 34947

8. Name and Address of Current Registered Agent

SMITH, DOROTHY
1701 N 35TH STREET
FT PIERCE FL 34946

9. Name and Address of New Registered Agent

Name
EMMA A. LOMAN
Street Address (P.O. Box Number is Not Acceptable)
1501 N. 35 ST.
Suite, Apt. #, Etc.
City
FT. PIERCE
State
FL
Zip Code
34947

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

Emma A. Loman

THE REGISTERED AGENT MUST SIGN

Date 11-29-97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. 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)(l), 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:

Emma A. Loman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-29-97 1-561
461-6853
Date Daytime Phone #

CR2E040 (8/97)