

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB 21 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001631

1. Corporation Name
Sunland Gardens Homeowners
Association

2. Principal Office Address
P.O. Box 1473

3. Mailing Office Address
3405 Ave. S

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Fort Pierce Fla.

City & State
Fort Pierce, Fla.

Zip Country
34947 U.S.

Zip Country
34947 U.S.

REINSTATEMENT 06-05

4. Date Incorporated or Qualified
To Do Business in Florida

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
Christopher L INGRAM
Street Address (P.O. Box Number is Not Acceptable)
3501 AVE M
Suite, Apt. #, Etc.
City
FT. PIERCE

100044973504
01/19/05--01008--006 **231.25
400047507054
03/01/05--01050--024 **61.25

State Zip Code
FL 34947

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
Christopher L Ingram
REGISTERED AGENT MUST SIGN

Date 2-19-05

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
Pres.	Mr. James Vickers	3803 Ave. J	Ft. Pierce, Fla. 34947
Vice-Pres.	Mrs. Ruby Smith	4002 Ave. K	Ft. Pierce, Fla. 34947
Sec.	Mrs. Betty Bradley	3405 Ave. S	Ft. Pierce, Fla. 34947
Asst. Sec.	Mrs. Mary Hammonds	1001 No. 37 th St.	Ft. Pierce, Fla. 34947
Treas.	Mr. Chris Ingram	3501 Ave. M	Ft. Pierce, Fla. 34947

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)(f), 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: Christopher L Ingram
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 1-24-05
Daytime Phone # 772 359-8456

CR25081 (01/04)