

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN 24 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001631

1. Corporation Name

~~_____~~ SunLand Garden Homeowners, Inc.

2. Principal Office Address

3415 Ave. Q

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1473

Suite, Apt. #, etc.

City & State

Fort Pierce, FL

Zip

34947

Country

USA

City & State

Fort Pierce, FL

Zip

34954

Country

USA

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

REINSTATEMENT 01-03

7. Name and Address of Current Registered Agent

Name

DOROTHY SMITH

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

1701 N. 35th Street

Suite, Apt. #, Etc.

Fort

City

Fort Pierce

State

FL

Zip Code

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

Dorothy Smith
REGISTERED AGENT MUST SIGN

Date

5/22/03

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
PD	DOROTHY SMITH	1701 N. 35th St.	Fort Pierce, FL 34947
VP	Johnny Stovall	3702 Ave S	Fort Pierce, FL 34947
SD	Betty Bradley	3405 Ave S	Fort Pierce, FL 34947
T	Christopher Ingram	3501 Ave m	Fort Pierce, FL 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)(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:

Dorothy Smith DOROTHY SMITH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/03
Date

772595-1473
Daytime Phone

7/6/24