

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR 22 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000003820

1. Corporation Name

SUNSET VIEW HOMEOWNER'S ASSOCIATION

2. Principal Office Address

119 HAZY DAY CT.

Suite, Apt. #, etc.

City & State

APOPKA, FL

Zip

32703

Country

US

3. Mailing Office Address

119 HAZY DAY CT.

Suite, Apt. #, etc.

City & State

APOPKA, FL

Zip

32703

Country

US

200016672922
04/22/03--01064--003 **297.50

**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

Vonzella Desseau

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

119 Hazy Day CT.

Suite, Apt. #, Etc.

City

Apopka

State

FL

Zip Code

32703

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

Vonzella Desseau

REGISTERED AGENT MUST SIGN

Date

4/1/03

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	LESLIE WEAVER	1639 SUNSET VIEW CIRCLE	APOPKA, FL 32703
VD	VONZELLA DESSEAU	119 HAZY DAY CT.	APOPKA, FL 32703
SD	LISANDRA MORALES	120 HAZY DAY CT.	APOPKA, FL 32703

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:

Vonzella Desseau

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/03

Date

40788906911

Daytime Phone #

CR2E081 (10/02)