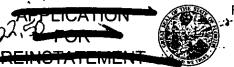
## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMEN

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS



**DOCUMENT#** 

N96000005356

99AR

SUNRISE CAY II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

-259 SUNBISE CAY DR' NAPLES FL 34114

Corporation Name

+1914 SUNRAY DR-BONITA SPGS FL 34135 FILED

00 MAR -3 AM 9: 57

SECRETARY OF STATE TALLAHASSEE, FLORIDA



SP If above addresses are incorrect in any way, line through incorrect information and enter correction below 3. New Mailing Office Address, If Applicable 2338 /MMOVAICE RD. New Principal Office Address, It Applicable 4. Date Incorporated or Qualified IMMOKALEE To Do Business in Florida 10/18/1996 Applied For 59-3412451 Not Applicable \$8.75 Additional Fee required Country CERTIFICATE OF STATUS DESIRED for a Certificate of Status uŚ 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Name of Officers City / State / Zip Officer and/or Director and/or Directors Title(s) 3 6289 BURNHAM ROAD D HARDY, ROBERT S NAPLES FL 33999 BARNARD, THOMAS L 253 SUNRISE CAY DR NAPLES FL 34114 6289 BURNHAM-ROAD NAPLES FL 33999 <del>Smith, Clarence</del> NIAGRA LANE NAPLES, FL 34110 WEDSTER, HOWARD D 800003169578---8 -03/14/00--01107--015 \*\*\*\*\*61.25 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent BARNARD, BARNARD, THOMAS I Street Address (P.O. Box Number is 253 SUNRISE CAY DR SUNTISE 205 Suite, Apt. #, Etc. NAPLES FL 34114 800003169578 03/14/00sm01zh06ce016 NAPLES \*\*\*\*\*61 m familiar with and accept the obligations of Section 607.0505, F.S. ij being appointed th pamed corporation Sign Sture of Registered Agent 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 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.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



## Gallant Property Management, In

October 21, 1999

Division of Corporations Annual Report/Reinstatement Section PO Box 6327 Tallahassee, FL 32314-6327

Dear Sir/Madam,

Attached to this letter are the completed Notice of Administration Dissolution or Revocation, and a copy of the cancelled check.

You will find that the check was paid February 28, 1999 and cleared the bank on March 17, 1999. The amount was \$61.25 and the check number was 3312. The 1999 annual report accompanied the above check.

I respectfully request that all additional fees be waived and that Sunrise Cay II Condominium Association, Inc. be reinstated without interruption.

If you have any questions, please call me at 941-596-0414.

Sincerely,

Susan L. Thompson

Property Manager

2338 Immokalee Rd. Suite #109 Naples, Fl. 34110

Phone (941) 596-0414 Fax: (941) 596-0415