PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~APPLICATION FOR REINSTATEMENT~~ 99AR 2000

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 MAR -3 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000005356

1. Corporation Name

SUNRISE CAY II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~253 SUNRISE CAY DR~~ NAPLES FL 34114	~~11314 SUNRAY DR~~ ~~BONITA SPGS FL 34135~~ US

SP

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
205 SUNRISE CAY	2338 IMMOKALEE RD.
Suite, Apt. #, etc.: #105	Suite, Apt. #, etc.: #109
City & State: NAPLES, FL	City & State: NAPLES, FL
Zip: 34114 Country: US	Zip: 34110 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 10/18/1996

5. FEI Number: 59-3412451 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	HARDY, ROBERT S	6289 BURNHAM ROAD	NAPLES FL 33999
D	BARNARD, THOMAS L	253 SUNRISE CAY DR	NAPLES FL 34114
~~D~~	~~SMITH, CLARENCE~~	~~6289 BURNHAM ROAD~~	~~NAPLES FL 33999~~
D	WEBSTER, HOWARD	2309 NIAGRA LANE	NAPLES, FL 34110

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8. Name and Address of Current Registered Agent

BARNARD, THOMAS L
~~253 SUNRISE CAY DR~~
NAPLES FL 34114

9. Name and Address of New Registered Agent

Name: BARNARD, THOMAS
Street Address (P.O. Box Number is Not Acceptable): 205 SUNRISE CAY #105
Suite, Apt. #, Etc.:
City: NAPLES State: FL Zip Code:

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10. If 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: SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date: 11/19/99

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.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/19/99
Date

941/389-0808
Daytime Phone #

Gallant Property Management, Inc.

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

Susan L. Thompson
Property Manager

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

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