PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

N99000005757 **DOCUMENT #**

1. Corporation Name

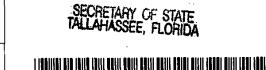
THE SUGAR SHACK OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5547 PEDRICK PLANTATION CIRCLE

5547 PEDRICK PLANTATION CIRCLE



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APPROVED

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TALLAHASSEE FL 32311			TALLAHASSEE FL 32311					O NELION LOUIS BENIN CORIN CONTRACTIVA DOTAR CITALIF LOUNCE CITALIF FOR		
lf above as	dd oro	incorrect in any way line this	rough incorroct in	formation a	and enter co	rrection helow	REIN	STATEMENT 2000		
If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 3. New Mailir							4. Date incorpo	orated or Qualified		
			0.3. 4.4				To Do Busin	ess in Florida 09/28/1999		
Suite, Apt. #	ŧ, etc.		Suite, Apt. #, etc.				5. FEI Number	Applied For		
City & State			City & State					Not Applicable		
Zip Country			Zip	Zip Country			6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status			
7. Names a	and Street Ad	dresses of Each Officer and	/or Director (Flo	rida nonprof	fit corporation	ons must list at lea	st 3 directors)			
Title(s) Name of Officers and/or Directors			Stre		Stree	eet Address of Each icer and/or Director		City / State / Zip		
PD	MONEY, MICHAEL W			5547 PEDRICK PLANTATION CIRCLE			CLE	TALLAHASSEE FL 32311		
VPO	MONEY, TRACY L			5547 PEDRICK PLANTATION CIRCLE			CLE	TALLAHASSEE FL 32311		
STD SMITH, STEVE				1444 W. TENNESSEE ST.				TALLAHASSEE FL 32301		
, t							40	00034910840 -12/08/0001010015 ***1003.75 ****245.00		
8. Name and Address of Current Registered Agent							Name and Address of New Registered Agent			
	0. Itali	ile Bila Addiess of Odifoli	. regional region			Name	5. Namb and 1			
BURKE	E, M. TODD				Street Address (P.O. Box Number is Not Acceptable)					
221 MCKENZIE AVENUE					Street Address (P.O. I			Is not Acceptable?		
	MA CITY FL				Suite, Apt. #, Étc.					
		1/			-	City State Zip Code FL				
10. I, 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 ATURE REQUIRED REGISTERED AGENT MUST SIGN Date //-/3										
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.