

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000030085

1. Corporation Name

SUNTASIA PROPERTIES, INC.

Principal Place of Business

9641 GULF BLVD.  
TREASURE ISLAND FL 33706

Mailing Address

9641 GULF BLVD.  
TREASURE ISLAND FL 33706

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/23/2000

5. FEI Number

59-3653710

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	WOLF, BRYON	9641 GULF BLVD.	TREASURE ISLAND FL 33706
VSTD	WOLF, FRED	9641 GULF BLVD	TREASURE ISLAND FL 33706
✓	Eliasson, Roy	3006 Longbrooke Way	Clearwater, FL 33760
✓	Reilly, David	1102 2nd Ave South	Tierra Verde, FL 33715

400008604824  
10/28/02--01032--006 \*\*750.00

8. Name and Address of Current Registered Agent

WOLF, BRYON  
9641 GULF BLVD.  
TREASURE ISLAND FL 33706

9. Name and Address of New Registered Agent

Name Donald L. Booth  
Street Address (P.O. Box Number is Not Acceptable)  
9641 Gulf Blvd  
Suite, Apt. #, Etc.

City Treasure Island

State FL Zip Code 33706

CR2E040 (802)

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. or 617.0505, F.S.

Signature of  
Registered Agent

Donald L. Booth  
REGISTERED AGENT MUST SIGN

Date

23 OCT 2002

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:

David Reilly  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/23/02 727 367 6887  
Daytime Phone #