

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 DEC 28 PM 3:42

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000100508

1. Corporation Name

Sunset Palms Realty, Inc

REINSTATEMENT 2011

2. Principal Office Address - No P.O. Box #

3401 Gandy Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

1498 Nankin Cir

Suite, Apt. #, etc.

City & State

Pinellas Park, FL

Zip Country

33781

City & State

Casselberry, FL

Zip Country

32707

700215592277
12/28/11--01039--008 **758.75

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

10-15-2001

5. FEI Number

45-0464433

☐ 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

William D. Gorman

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

1498 Nankin Circle

Suite, Apt. #, Etc.

City

Casselberry

State

FL

Zip Code

32707

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

William D. Gorman

Date 12-27-11

REGISTERED AGENT MUST SIGN

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	William D. Gorman	1498 Nankin Circle	Casselberry, FL 32707
DTS	Deborah A. Gorman	1498 Nankin Circle	Casselberry, FL 32707

DC 12/29

10. E-mail Address: Lcrrngt@yahoo.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Deborah A. Gorman

Deborah A. Gorman

12-27-11

407-699-7359

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #