

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAY 21 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <i>PD2000046336</i>					
1. Corporation Name <i>Sun City Enterprises of Jacksonville, Inc.</i>					
2. Principal Office Address <i>12187 Beach Blvd.</i>			3. Mailing Office Address <i>12187 Beach Blvd</i>		
Suite, Apt. #, etc. <i>Suite 6</i>			Suite, Apt. #, etc. <i>Suite 6</i>		
City & State <i>JACKSONVILLE, FL.</i>			City & State <i>JACKSONVILLE FL.</i>		
Zip <i>32246</i>	Country <i>Duval</i>	Zip <i>32246</i>	Country <i>Duval</i>		

REINSTATEMENT 03-04

700035723707

05/28/04--01049--010 **150.00

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐	

7. Name and Address of Current Registered Agent	
Name <i>HATHAWAY, Richard G.</i>	700035723707
Street Address (P.O. Box Number is Not Acceptable) <i>50 AIA North 115 Professional Drive</i>	05/06/04--01072--001 **50.00
Suite, Apt. #, Etc. <i>Suite 101</i>	
City <i>Ponte Vedra Beach</i>	State <i>FL</i>
	Zip Code <i>32082</i>

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.	
Signature of Registered Agent <i>Richard G. Hathaway</i>	Date <i>4-30-04</i>
REGISTERED AGENT MUST SIGN	

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	<i>Ronnie Runyan</i>	<i>30 Fairway Rd.</i>	<i>Jacksonville Bch Fl. 32250</i>
VP	<i>Buddy Martin</i>	<i>14725 Marsh View Dr.</i>	<i>Jacksonville, FL. 32250</i>
VP	<i>Steve Fisher</i>	<i>4346 Tradewinds Dr.</i>	<i>Jacksonville, FL. 32250</i>

10. 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 taxes 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(2)(f), 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: *Ronnie Runyan* *Ronnie Runyan* 4-30-04 904-237-4012

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRABBY (attch)

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SUN CITY ENTERPRISE OF JACKSONVILLE, INC.

**12187-6 BEACH BLVD.
JACKSONVILLE, FL. 32246
OFFICE 904-996-0263
FAX 904-996-0265**

April 29, 2004

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL. 32314

To whom it may concern:

Our corporation has been administratively dissolved for failure to file a 2003 Uniform Business Report. However, we did not receive the 2003 UBR, and, therefore, ask that the reinstatement fee be waived. Enclosed you will find a completed Reinstatement Form and 2003 UBR. Our check for the filing fee in the amount of \$ 150.00 is also enclosed. Please contact us immediately with any questions. Thank you for your help with this matter.

Sincerely,


Ronnie Runyon

President
Sun City Enterprises of Jacksonville, Inc.