

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000080392

1. Corporation Name

SUNRISE POOL & LAWN CARE, INC.

Principal Place of Business

143 WHITE BIRCH DRIVE  
KISSIMMEE FL 34743

Mailing Address

143 WHITE BIRCH DRIVE  
KISSIMMEE FL 34743

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

2. New Principal Office Address, If Applicable

1405 WESTMINSTER WAY

Suite, Apt. #, etc.

City & State

KISSIMMEE FL

Zip

34744

Country

US

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/25/2002

5. FEI Number

11-3645638

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
P	MARAIA, DENNIS	143 WHITE BIRCH DRIVE 1405 WESTMINSTER WAY	KISSIMMEE FL 34743 34744
V	MARAIA, NICHOLAS	143 WHITE BIRCH DRIVE 1405 WESTMINSTER WAY	KISSIMMEE FL 34743 34744
V	MARAIA, ELLEN	143 WHITE BIRCH DRIVE 1405 WESTMINSTER WAY	KISSIMMEE FL 34743 34744

900024262389  
10/29/03--01077--014 \*\*150.00

8. Name and Address of Current Registered Agent

MARAIA, DENNIS  
143 WHITE BIRCH DRIVE  
KISSIMMEE FL 34743

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

SIGNATURE: ELLEN MARAIA

Date

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
ELLEN MARAIA

Date

10/23/03 407-348-7826

Daytime Phone #

FILED

03 OCT 29 PM 3:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

CR2040 (7/03)

To Whom It May Concern:

Please waive the penalty fee, as we never did receive a notice in the mail. This was our first year as a corporation. Enclosed is payment of \$150.00. Thank you.

A handwritten signature in cursive script that reads "Ellen Maraia".

Ellen Maraia

Sunrise Pool & Lawn Care, Inc.