

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 DEC 30 PM 6:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000168770

1. Corporation Name

SUNSET BAY BLDG. INC.

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

3. Mailing Office Address

6125 BENEVA RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA

City & State

SARASOTA FL

Zip

34238

Country

SARASOTA

Zip

34238

Country

SARASOTA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

12/16/2004

5. FEI Number

753177031

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

LAWRENCE F. GARDINIER

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

6125 BENEVA RD

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34238

REINSTATEMENT

400255089914
12/30/13--01027--013 **\$750.00

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

Lawrence F. Gardinier

REGISTERED AGENT MUST SIGN

Date 12/26/2013

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
P	LAWRENCE F. GARDINIER	6125 BENEVA RD	SARASOTA FL 34238

DEC 30 2013

10. E-mail Address: LGARDINIER@COMCAST.NET

(To be used for future annual report notification)

C. CARR

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:

Lawrence F. Gardinier

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/26/2013 941 927 9685

Date Daytime Phone #