

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000034413

1. Entity Name
SUNSET COVE RESIDENCES, INC.



FILED

2007 DEC 17 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
946 BUNKER VIEW DR
APOLLO BEACH, FL 33572 US

Mailing Address
946 BUNKER VIEW DR
APOLLO BEACH, FL 33572 US



2. Principal Place of Business - No P.O. Box #
625 Mirabay Blvd
Suite, Apt. #, etc.

3. Mailing Address
625 Mirabay Blvd.
Suite, Apt. #, etc.

City & State
Apollo Beach FL
Zip Country
33572 US

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Apollo Beach, FL
Zip Country
33572 US

12/02/07 REINSP CR2E098 (1/07) IT

4. FEI Number
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HIGGINS, RICHARD S
946 BUNKER VIEW DR
APOLLO BEACH, FL 33572

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent, and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12/12/07

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME HIGGINS, RICHARD S
STREET ADDRESS 946 BUNKER VIEW DR
CITY-ST-ZIP APOLLO BEACH, FL 33572 ☐ Delete

TITLE S
NAME HIGGINS, MARITZA
STREET ADDRESS 946 BUNKER VIEW DR
CITY-ST-ZIP APOLLO BEACH, FL 33572 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
80011320398
12/17/07--01064--006 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/12/07

813 645 0877

Date

Daytime Phone #