

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 # **P93000001189**

1. Corporation Name

**SUNTREE REAL ESTATE, INC.**

Principal Place of Business

6990 N. WICKHAM RD.  
MELBOURNE FL 32940  
US

Mailing Address

6990 N. WICKHAM RD.  
MELBOURNE FL 32940  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/07/1993

5. FEI Number

59-3159618

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
D	HART, BETTY	925 HIGHWAY A1A #305 6990 N. Wickham Road	SATELLITE BEACH FL 32937 MELBOURNE, FL 32940
			100023750601 10/13/03--01064--021 **150.00

8. Name and Address of Current Registered Agent

HART, BETTY  
925 HIGHWAY A1A #305  
SATELLITE BEACH FL 32937

9. Name and Address of New Registered Agent

Name HART, BETTY  
Street Address (P.O. Box Number is Not Acceptable)  
6990 N Wickham Rd  
Suite, Apt. #, Etc.  
MELBOURNE,  
City  
State FL Zip Code 32940

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

Betty Hart  
REGISTERED AGENT MUST SIGN

Date

10/9/03

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:

Betty Hart  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/9/03 321-253-3111  
Daytime Phone #

FILED

03 OCT 13 PM 2:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

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CR2E040 (7/03)



# SUNTREE REAL ESTATE, INC.

October 9, 2003

Florida Department of State  
Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

RE: Administrative Dissolution or Revocation  
Application for Reinstatement

Dear Sir or Madam:

Enclosed you will find a check for \$150 payable to Florida Department of State, along with the completed application for reinstatement. I did not receive the first and / or second UBR notices, I believe the reason for that is the address you have listed is not valid. (925 Highway A1A #305, Satellite Beach, FL 32937).

Please in the future send any and all information to the business address at 6990 N Wickham Road, Melbourne, FL 32940.

Sincerely,

Betty Hart  
Broker/Owner  
Suntree Real Estate, Inc.