

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 JUN 28 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000046565**

1. Corporation Name

SUN-LAKES (F.E.) MANAGEMENT, INC

900182678739
06/28/10--01041--019 **1050.00

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

203 S. CLYDE AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

203 S. CLYDE AVENUE

Suite, Apt. #, etc.

City & State

KISSIMMEE FL

City & State

KISSIMMEE FL

Zip

34741

Country

USA

Zip

34741

Country

USA

REINSTATEMENT

CR2E081, (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

7/2/1993

5. FEI Number

59-3198222

☐ 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

TERENCE S. HAWKINS

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

203 S. CLYDE AVENUE

Suite, Apt. #, Etc.

City

KISSIMMEE

State

FL

Zip Code

34741

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **6/22/2010**

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
PRES.	TERENCE S. HAWKINS	203 S. CLYDE AVENUE	KISSIMMEE FL 34741
SEC	JANE C. HAWKINS	203 S. CLYDE AVENUE	KISSIMMEE FL 34741

10. E-mail Address:

TSCHAWKINS@AOL.COM

(To be used for future annual report notification)

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. 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.

SIGNATURE:

[Signature] **TERENCE S. HAWKINS**

6/22/2010 4077588021

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #