

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JAN -2 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000046565

1. Corporation Name

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

Principal Place of Business

1633 EAST VINE STREET
SUITE 201
KISSIMMEE FL 34744
US

Mailing Address

1633 EAST VINE STREET
SUITE 201
KISSIMMEE FL 34744
US

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/02/1993

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. 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
S	HAWKINS, JANE C	1409 GRANDVIEW BLVD	KISSIMMEE FL 34744
P	HAWKINS, TERENCE S	1409 GRANDVIEW BLVD	KISSIMMEE FL 34744

500009786975
01/02/03--01063--005 **150.00

8. Name and Address of Current Registered Agent

HAWKINS, TERENCE S
1409 GRANDVIEW BLVD
KISSIMMEE FL 34744

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TERENCE S C HAWKINS

10/30/02
Date

407.847-0092
Daytime Phone #

CR2E040 (8/02)

SUN LAKES

(F.E.) MANAGEMENT INC.

1633 E. VINE STREET, SUITE 201, KISSIMMEE, FL 34744-3705

TEL: 407-847-0092

FAX: 407-847-0239

Division of Corporations

Annual Report

PO Box 6327

Tallahassee

FL-32314-6327

--31st December 2002--

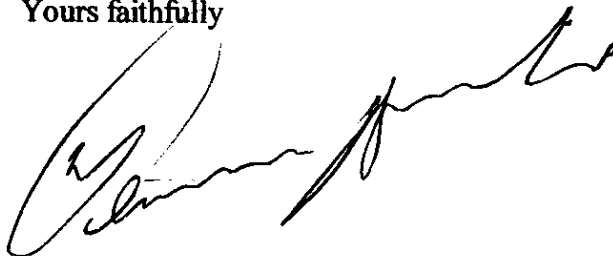
Dear Sir/Madam

It would appear that we have failed to file our annual corporate return for 2002. We have never received any reminder through the mail.

As you will see from our previous history we have always paid this fee in a timely manner.

I am enclosing the filing fee and the necessary form as sent to the corporation by your office.

Yours faithfully



Terence S C Hawkins
For and on behalf of
Sun-Lakes Management, Inc