

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

00 APR 14 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000000445

1. Corporation Name

Sun Palm Harbor, Inc.

2. Principal Office Address

11015A N. Dale Mabry Hwy.

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33618

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

99-00

**4. Date Incorporated or, Qualified -
To Do Business in Florida**

1/4/94

5. FEI Number

59-3216626

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

Kim M. Schwencke

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

11015A N. Dale Mabry Hwy.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33618

900003220849-9
-04/24/00-01119-005
***900.00 ***900.00

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

REGISTERED AGENT MUST SIGN

Date

4/4/2000

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
STD	John Chigos	905 Hammock Pines Blvd.	Clearwater, FL
VPD	Alex Hern	535 S. Howard Ave. #8 Stop 52	Tampa, FL 33606
PD	Kim Schwencke	11015A N. Dale Mabry Hwy	Tampa, FL 33618

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10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/4/2000

Daytime Phone #

813-264-
0899
K102

CR2E081 (9/99)