

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 18 PM 2:57

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000065703**

1. Corporation Name

SUNSTATE MOTOR HOMES, INC.

Principal Place of Business

Mailing Address

1725 LEE RD
ORLANDO FL 32810
US

211 WAYMOUTH HARBOR COVE
LONGWOOD FL 32779
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



REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

09/01/1994

5. FEI Number

59-3268253

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DPST	CONSTANTINI, MARY E.	211 WAYMOUTH HARBOR COVE	LONGWOOD FL 32779
V	CONSTANTINI, TONY	211 WAYMOUTH HARBOR COVE	LONGWOOD FL 32779

000025596150
12/18/03--01026--008 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARY ELIZABETH CONSTANTINI
211 WAYMOUTH HARBOR COVE
STE. 220
LONGWOOD FL 32779

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

TONY CONSTANTINI
REGISTERED AGENT MUST SIGN

Date

12/10/03

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: **SIGNATURE REQUIRED**
TONY CONSTANTINI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/10/03 407 209 1917
Date Daytime Phone #

CR2E040 (7/03)

12-12-03

In regards to this check[#] 2449
arriving late we never rec'd
any information as to what \$
amnt. or when so hope
this is found satisfactory

Sincerely

Tony C. Stalton