PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 AUG 17 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000078679

1. Corporation Name: SUNSET VILLAS, INC

Principal Place of Business	Mailing Address
215 FIFTH STREET SUITE 108 W PALM BEACH FL 33401	215 FIFTH STREET SUITE 108 W PALM BEACH FL 33401

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
215 FIFTH STREET	215 FIFTH STREET
Suite, Apt. #, etc.: SUITE 108	Suite, Apt. #, etc.: SUITE 108
City & State: W PALM BEACH FL	City & State: W PALM BEACH FL
Zip: 33401 Country: USA	Zip: 33401 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 10-26-94

5. FEI Number: 65-0534790 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D/P	GEORGE W HEATON	215 5TH ST #108	W PALM BEACH FL 33401
			700002618727--1 -08/18/98--01039--003 ***1058.75 ***1058.75

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8. Name and Address of Current Registered Agent

GEORGE W. HEATON
215 FIFTH ST #108
W PALM BEACH FL 33401

9. Name and Address of New Registered Agent

Name: GEORGE W HEATON
Street Address (P.O. Box Number is Not Acceptable): 215 FIFTH ST
Suite, Apt. #, Etc.: SUITE 108
City: W PALM BEACH State: FL Zip Code: 33401

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.

Signature of Registered Agent: [signature] Date: 14 Aug 1998
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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] 14 Aug 1998 (561) 832 4050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #