

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

**FILED**

98 JUN 15 PM 9:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P9500001176

1. Corporation Name

SUNSAVANNA, FLORIDA, Inc.

Principal Place of Business

229 271 S. ANDREWS 470 N.E. 210 Circle  
Fontlauderdale Miami, FL 33179

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0646704

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres.	<u>Hopeton ANDERSON</u>	<u>470 N.E. 210 Circle</u>	<u>Miami FL 33179</u>
V.P. Treasurer	<u>Patrick Wilkins</u>	<u>161 N.E. 214 St.</u>	<u>Miami FL 33179</u>
V.P. Secretary	<u>Trevor Walker</u>	<u>8452 Windsor Dr</u>	<u>Miami FL 3</u>

**REINSTATEMENT**

8. Name and Address of Current Registered Agent

W. E. ANDERSON  
11821 SW 123RD AVE  
MIAMI, FL 33186

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

300002561995-3

06/16/98-01112-010

\*\*\*1058.75 \*\*\*1058.75

**FL**

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

W. Anderson

REGISTERED AGENT MUST SIGN

Date 5-27-98

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/21/98 305-651-9609