

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P95000028062

1. Corporation Name

SUNSET DEVELOPMENT CORP., INC.

Principal Place of Business

24 NORTH THORNTON STREET  
ORLANDO FL 32801

Mailing Address

24 NORTH THORNTON STREET  
ORLANDO FL 32801

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

109 Commodore DR.  
Jupiter FL  
33477 Palm Beach

4. Date Incorporated or Qualified  
To Do Business in Florida

04/07/1995

5. FEI Number

59-3318569

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	DECKER, KEVEN G	109 Commodore DR.	Jupiter FL 33477
sec	DECKER, DEE	109 Commodore DR.	Jupiter FL 33477
			300002407949--4 -01/22/98--01008--009
			***900.00 ***900.00
			JB 1-16-98

8. Name and Address of Current Registered Agent

DECKER, KEVEN G  
24 NORTH THORNTON STREET  
ORLANDO FL 32801

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

Kevin Decker  
109 Commodore DR.  
Jupiter FL 33477

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

REGISTERED AGENT MUST SIGN

Date

1/15/98

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 #

1/15/98 361-7444576

FILED

98 JAN 16 PM 2:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

97-98