

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 Mailing Address  
**24 NORTH THORNTON STREET 24 NORTH THORNTON STREET**  
**ORLANDO FL 32801 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  
**109 Commodore DR.**  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

**FILED**  
 98 JAN 16 PM 2:01  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



**REINSTATEMENT 07-98**

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

9. Name and Address of New Registered Agent

DECKER, KEVEN G  
 24 NORTH THORNTON STREET  
 ORLANDO FL 32801

Name **Keven Decker**  
 Street Address (P.O. Box Number is Not Acceptable) **109 Commodore DR.**  
 Suite, Apt. #, Etc.  
 City **Jupiter** State **FL** Zip Code **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 **1/15/98** Daytime Phone # **361-744-4576**

CPRE040 (8/97)