

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 APR -1 AM 7:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000075246**

1. Corporation Name **SUN LAKES REALTY, INC**

400174167164
04/01/10--01039--002 **1050.00

2. Principal Office Address - No P.O. Box # 203 S. CLYDE AVENUE		3. Mailing Office Address 203 S. CLYDE AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State KISSIMMEE FL		City & State KISSIMMEE FL	
Zip 34741	Country USA	Zip 34741	Country USA

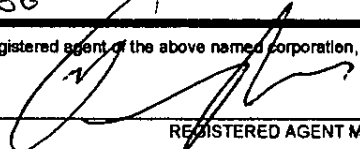
CR2E081 (11/09)

4. Date Incorporated or Qualified To Do Business in Florida 9/9/1996	Applied For <input type="checkbox"/> Not Applicable
5. FEI Number 593404968	<input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name TERENCE S. HAWKINS			
Street Address (P.O. Box Number is Not Acceptable) 203 S. CLYDE AVENUE			
Suite, Apt. #, Etc.			
City KISSIMMEE	State FL	Zip Code 34741	

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  Date **3/30/2010**
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DIR.	TERENCE S. HAWKINS	203 S. CLYDE AVENUE	KISSIMMEE FL 34741

REINSTATEMENT **RH**

10. E-mail Address: **TSCHAWKINS@aol.com**

(To be used for future annual report notification)

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. I further certify, 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:  **TERENCE S. HAWKINS** Date **3/30/2010** Daytime Phone # **407.758.8021**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR