

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JAN -7 PM 12:05

DOCUMENT # P96000075246

1. Corporation Name

SUN-LAKES REALTY, INC.

SECRETARY OF STATE  
500009884985  
01/06/03--01100--005 \*\*150.00



Principal Place of Business

1633 EAST VINE STREET  
STE 201  
KISSIMMEE FL 34744-3705  
US

Mailing Address

1633 EAST VINE STREET  
201  
KISSIMMEE FL 34744-3705  
US

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

09/09/1996

5. FEI Number

59-3404968

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VPT	HALLORAN, GERARD J	556 BITTERWOOD COURT	KISSIMMEE FL 34743

8. Name and Address of Current Registered Agent

HAWKINS, TERENCE S  
1409 GRANDVIEW BLVD  
KISSIMMEE FL 34744

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

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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 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

V P

10/30/2002

Date

407 348 6676

Daytime Phone #

CR2ED40 (8/02)

# SUN-LAKES REALTY, INC.

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Division of Corporations  
Annual Report  
PO Box 6327  
Tallahassee  
FL 32314-6327

31<sup>st</sup> December 2002

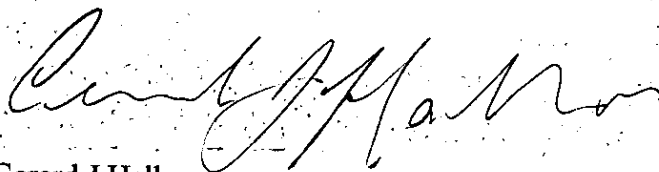
Dear Sir/Madam

It would appear that we have failed to file our annual corporate return for 2002. We have never received any reminder through the mail.

As you will see from our previous history we have always paid this fee in a timely manner.

I am enclosing the filing fee and the necessary form as sent to the corporation by your office.

Yours faithfully



Gerard J Halloran  
For and on behalf of  
**Sun-Lakes Realty, Inc**