PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 DEC 22 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000084158

1. Corporation Name

SUNRISE VILLAS HOLDING COMPANY, INC.

Principal Place of Business	Mailing Address
SUNRISE VILLAS LANE STE 16 PALM COAST FL 32137 US	SUNRISE VILLAS LANE STE 16 PALM COAST FL 32137 US

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

REINSTATEMENT 99

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 09/29/1997 SP

5. FEI Number: NOT APPLICABLE ☐ 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
D	BOLLHALDER, PETER	SUNRISE VILLAS LANE 16	PALM COAST FL 32137
D	GIEZENDANNER, ERNST	SUNRISE VILLAS LANE 16	PALM COAST FL 32137
D	LUTHI, HEINZ	SUNRISE VILLAS LANE 16	PALM COAST FL 32137

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-12/29/99--01005--016
****750.00 ****750.00

8. Name and Address of Current Registered Agent

CONNER, TIMOTHY J
1 FLORIDA PARK DR., N., STE. 230
PALM COAST FL 32137

9. Name and Address of New Registered Agent

Name: SARTORY ANDREAS
Street Address (P.O. Box Number is Not Acceptable): SUNRISE VILLAS LANE 16
Suite, Apt. #, Etc.:
City: PALM COAST State: FL Zip Code: 32137

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: _____ Date: 12-20-99
REGISTERED AGENT MUST SIGN

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: _____ 12-20-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

GIEZENDANNER ERNST