

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR -2 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000034943

1. Corporation Name

SUNRISE LAND Development, Inc
9495 Blind Pass Rd #405
ST PEI

2. Principal Office Address

9495 Blind Pass Rd

Suite, Apt. #, etc.

405

City & State

ST Petersburg, FL

Zip

33706

Country

U.S.A.

3. Mailing Office Address

P.O. Box 67014

Suite, Apt. #, etc.

City & State

ST Petersburg Beach, FL

Zip

33706

Country

U.S.A.

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

4/5/99

5. FEI Number

59-3559618

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

NINA W. CARLISLE

Street Address (P.O. Box Number is Not Acceptable)

9495 Blind Pass Rd

Suite, Apt. #, Etc.

405

City

ST Petersburg Beach

000028160310

02/03/04--01065--009 **758.16

000028160310

03/03/04--01040--011 **141.29

State

FL

Zip Code

33706

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

Nina L. Carlisle

REGISTERED AGENT MUST SIGN

Date

2/2/04

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
P	Timothy D. Nelson	9495 Blind Pass Rd #405	ST. Petersburg Bch, FL 33706
VP	NINA W. CARLISLE	9495 Blind Pass Rd #405	ST. Petersburg Bch, FL 33706

10. 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:

NINA W. CARLISLE, V.P.
Nina L. Carlisle, V.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/04

Date

727-360-9259

Daytime Phone #

CRZE081 (10/02)