

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P99000053173

1. Corporation Name

SUNRISE VENTURES OF PENSACOLA, INC.

Principal Place of Business

Mailing Address

701 PENSACOLA BEACH BLVD
PENSACOLA FL 32561

701 PENSACOLA BEACH BLVD
PENSACOLA FL 32561

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

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

06/11/1999

5. FEI Number

☒ 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Breg Gordon	1577 Bulevar Manor	Pensacola Bch FL 32561
O	Buck Emerson	917 Gandolier Blvd	Gulf Breeze, FL 32561
O	Robert Depew	2573 many fox pr	Gulf Breeze FL 32561

800004064798--6
04/24/01--01097--004
****150.00 ****150.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

BOOKMAN, ALAN B
30 SOUTH SPRING STREET
PENSACOLA FL 32501

9. Name and Address of New Registered Agent

Name 800004064798--6
Street Address (P.O. Box Number is Not Acceptable) 04/24/01--01097--005
****150.00 ****150.00
Suite, Apt. #, Etc.
City State Zip Code
FL

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

3/8/99

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.

800004064798--6
-04/24/01--01097--006
****150.00 ****150.00

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #