

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # S12972

1. Corporation Name

SUNSHINE APARTMENTS OF
TALLAHASSEE, INC.

Principal Place of Business

Mailing Address

1200 STEARNST.
TALLAHASSEE, FL.
32310

111 SMITH ST.
TALLAHASSEE,
FL. 32301-2642

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

5. FEI Number

59-3091884

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	RAYNER, WILLIAM	111 SMITH ST.	TALLAHASSEE, FL. 32301

400002735464--2
-01/08/99--01112--005
****300.00 ****300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RAYNER, WILLIAM
111 SMITH ST.
TALLAHASSEE, FL. 32301

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.

Signature of
Registered Agent

W. Rayner

REGISTERED AGENT MUST SIGN

Date

1-6-99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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)(l), 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:

W. Rayner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-99

Date

Daytime Phone #

CR2E001 (12/98)

January 6, 1999

Division of Corporations
Dept. of State

Ref: FEIN #59-309188⁴; SI 2972
ho

To Whom It May Concern,

I, William Rayner, President of Sunshine Apartments of Tallahassee, Inc.
never received the 1998 Notice of Annual Report.

I ask at this time that the late fees be waived.

Respectfully,

A handwritten signature in black ink, appearing to read 'W. Rayner', followed by a horizontal line.

William Rayner