

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS



**APPROVED AND FILED**

1997 OCT 10 AM 10:38

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **S 67624 (4)**

1. Corporation Name  
**SUNSET ISLAND PARTY MANAGEMENT CORP.**

Principal Place of Business: **P.O. BOX 2185, KEY WEST, FL 33040**  
 Mailing Address: **P.O. BOX 2185, KEY WEST, FL 33040**

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		7/19/91	
City & State		City & State		5. FEI Number	
Zip		Country		65-0392562	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
<b>D</b>	<b>RICHARD C. WELTER</b>	<b>10 DIAMOND DRIVE</b>	<b>KEY WEST, FL 33040</b>
			<b>900002320649--4</b>
			<b>-10/15/97--01044--002</b>
			<b>***1080.00 ***1080.00</b>

**REINSTATEMENT** 95-97 718 10/10/97

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
<b>PAUL S. MILLS, CPA. 601 DUAL ST., SUITE 4 KEY WEST, FL 33040</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State <b>FL</b>

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: **Paul S. Mills** Date: **10/4/97**  
 REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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)(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: **Richard C. Welter** **RICHARD C. WELTER** 10/4/97 305-294-2554  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/96)