


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 MAY 27 PM 1:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** M50322

1. Corporation Name

SUN COUNTRY SPORTS CAMPS, INC.

2. Principal Office Address  
17700 Old Camp Road

3. Mailing Office Address  
P. O. Box 441230

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State  
Fannettsburg, PA

City & State  
Miami, FL

Zip  
17721

Country  
US

Zip  
33144

Country  
US

4. Date incorporated or Qualified To Do Business in Florida 11/09/1990

5. FEI Number

Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$3.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 90-05

7. Name and Address of Current Registered Agent

Name  
Gary A. Poliakoff, Esq.

100055410801  
05/27/05--01045--008 \*\*\$22.50

Street Address (P.O. Box Number is Not Acceptable)  
Becker & Poliakoff, P.A., 3111 Stirling Road

Suite, Apt. #, Etc

City  
Fort Lauderdale

State  
FL

Zip Code  
33312

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



Date 4/25/05

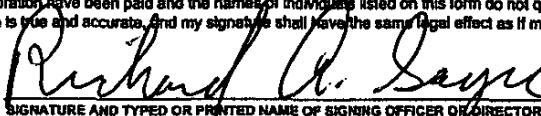
REGISTERED AGENT MUST SIGN

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
D	Richard A. Sayre	17700 Old Camp Road	Fannettsburg, PA 17721

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)(f), 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:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/05

Date

954-444-6133

Daytime Phone #

CR-6001 (01/05)