

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 APR -8 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 456328

1. Corporation Name

SUN COUNTRY LAND INC.

REINSTATEMENT 03-09

2. Principal Office Address

18650 Hwy 441

3. Mailing Office Address

18650 Hwy 441

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MT. DORA FL

City & State

MT. DORA FL

Zip

32757

Country

USA

Zip

32757

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6/26/1974

5. FEI Number

59-1565640

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

CHERYL LUDECKE

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

18650 Hwy 441

Suite, Apt. #, Etc.

City

MT. DORA FL

State

FL

Zip Code

32757

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

[Signature]
Date 4/6/05

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
DP	CHERYL LUDECKE	18650 Hwy 441	MT. DORA FL 32757
VP	CHARL LUDECKE	18650 Hwy 441	MT. DORA FL 32757

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/6/05

Daytime Phone #

352-385-6104

CR2E081 (01/05)