PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CARPORATION TO THE PARTY OF THE	RIDA DEPARTMENT OF STATE Kalherine Harris Screet of State Islon of Corporations	SECRETARY OF STATE DIVISION OF CORPORATIONS 2001 AUG - 1 PM 2: 25
DOCUMENT # 4893 1. Corporation Name	82—	
Sunland Hold	ding Corp.	
2. Principal Office Address 2506 AMBN 45 ADORA		6000045102666 -08/01/0101005017 ****715.80 ****715.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida
Coppen City, Fr	City & State Cong, Fr	5. FEI Number Applied For Not Applicable
77076-5007	7006-5003) Country	6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)		
Nome of	and/or Director (Florida nonprofit corporations must list at le	
Titles Officers and/or Direc	tors Officer and/or Director	City / State / Zip
1 KICHARD GRUE		LEXINGTON, GA 3048 PD NICHOLSON, GA 30565
Al Jul Gianoan		
	PENSTATE	MENT 2000-2001 LFT 8-2-2001
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 filling 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: Amal A		