


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p>APPLICATION FOR REINSTATEMENT</p>		<p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>	<p>FILED 97 JUL 11 PM 12:44 SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>
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DOCUMENT # 723801

1. Corporation Name
Sun Country Condominium, Inc.

Principal Place of Business 3115-3199 N.W. 96th Avenue Coral Springs, FL 33065	Mailing Address (same)
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 96-97

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida 07/0572	Applied For <input type="checkbox"/> Not Applicable
5. FEI Number 59-1533271	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

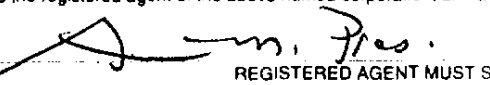
2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country

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
PD	Jessie P. LASORSA	3133 Coral Hills Dr. #30	Coral Springs, FL 33065
VTD	James KINNEY	3115 NW 96th Ave.	Coral Springs, FL 33065
D	Donna WOESSNER	3133 Coral Hills Dr. #C1	Coral Springs, FL 33065
D	Julie PRINCE	3199 Coral Hills Dr. #A3	Coral Springs, FL 33065
SD	Michelle KANIA	3177 Coral Hills Dr.	Coral Springs, FL 33065

8. Name and Address of Current Registered Agent Gary A. Poliakoff, J.D. Becker & Poliakoff, P.A. 6520 N. Andrews Avenue Ft. Lauderdale, FL 33310-6057	9. Name and Address of New Registered Agent NEW XXXXX XXX Name (same) Street Address (P.O. Box Numbers Not Acceptable) 3111 Stirling Road 7/15/97-01059-011 Suite, Apt. #, Etc. ***297.45 ***297.45 City Fort Lauderdale State FL Zip Code 33312
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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  Date **7/5/97**

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Michelle Kania 7/10/97 0112111-19