PLEASE READ ALL INST	RUCTIONS BEFORE C	OMPLETING THIS FORM	
FORQU-91	A DEPARTMENT OF STATE Sandra B. Mortham Secretary of State VISION OF CORPORATIONS	FILED	7. 00
DOCUMENT # K37792	ASION OF CORPORATIONS	97 APR -8 AM	
1. Corporation Name Sundance Golf & C.C., Inc.		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Sundance Golf (C.C., Inc.		(1/1000 0 1	
Principal Place of Business Mailing Address 942.4 U.S. Hwy 301			
Dade City, Pl. 33525			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable 1. New Mailing Office Address, If Applicable 2. New Mailing Office Address, If Applicable 3. New Mailing Office Address, If Applicable 4. New Mailing Office Address, If Applicable 5. New Mailing Office Address, If Applicable 5. New Mailing Office Address, If Applicable 5. New Mailing Offic		4. Date Incorporated or Qualified To Do Business in Florida 10//0 /88	
City & State City & State	0: 21	5. FEI Number Applied For Sq - 2912937 Not Applicable	
Zip Country Zip 33.5	25 CONTO	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status	
Names and Street Addresses of Each Officer and/or Director (Flor Name of Officers			
e(s) and/or Directors Officer and/or Director Office Box N		City / S	itate / Zip
Ros William C. Rinaldo	9926 Wallaston LA	me Dade Coly I	335 <i>25</i>
VILE PRES Clandin J Rivaldo	9926 Wallasion	Lane DAde We	J 33525
		d'r	
	REINSTATEMENT 96-97		
	a. alas		a. alan
			4-8-97
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name.			
Leonard H. Johnson, Aty Street Address (P.O. Box Number is Not Acceptable)			(1)
37837 Meridian Ave - 9926 Walleston Lane Suite, Apt. #, Etc. 2000021393127			
Dade City, FL 33525 Only Dade City *****919-01069-017			
10. It being appointed the registered agent of the above pamed corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent William C Sun Agent MUST SIGN Date 4/4/97			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No 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 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: William Charles Signature and Typed on Printed Marke of Signing Officer on Director Vale Daylime Phone #			