

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 30 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

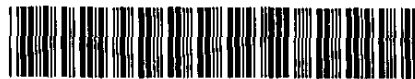
1. DOCUMENT # L01000013005

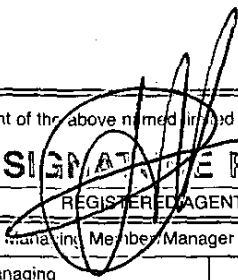
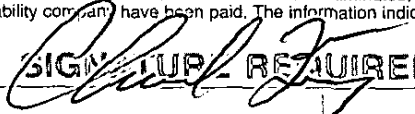
Name and Mailing Address

0011243 01 AT 0.292 \*\*AUTO T2 1 0615 34741-322164



SUN RESORTS TRAVEL, LLC  
1964 N JOHN YOUNG PARKWAY  
KISSIMMEE FL 34741-3221



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 07/31/2001	
Principal Place of Business 1964 N JOHN YOUNG PARKWAY KISSIMMEE FL 34741	3. New Principal Place of Business Address		6. FEI Number 59-3738563
	City, State, Zip		Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
WOODS, JONATHAN D 425 WEST COLONIAL DRIVE SUITE 204 ORLANDO FL 32804		Name	
		Street Address (P.O. Box Number is Not Acceptable) 300024289173	
		10/30/03--01051--003 **155.00	
		City FL	Zip Code
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.			
Signature of Registered Agent		Date 10/27/03	
 <b>SIGNATURE REQUIRED</b> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	FREY, CHARLES C	1964 N JOHN YOUNG PARKWAY	KISSIMMEE FL 34741
12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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.			
Signature of Managing Member/Manager		Date 10/27/03 Daytime Phone # 407-993-2121	
 <b>SIGNATURE REQUIRED</b>			
Typed or printed name of signing Managing Member/Manager			