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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**

1. **DOCUMENT #** L02000015583

Name and Mailing Address

03 OCT 30 AM 8 00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0011244 01 AT 0.292 \*\*\*AUTO T2 1 0615 34741-322164

SUN RESORTS LIMITED TITLE, L.L.C.  
1964 NORTH 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 06/20/2002	
Principal Place of Business 1964 NORTH JOHN YOUNG PARKWAY KISSIMMEE FL 34741	3. New Principal Place of Business Address City, State, Zip	6. FEI Number	Applied For Not Applicable
8. Name and Address of Current Registered Agent  FREY, CHARLES C 1964 NORTH JOHN YOUNG PARKWAY KISSIMMEE FL 34741		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent Name 500024293765 10/30/03--01064--011 **155.00 Street Address (P.O. Box Number is Not Acceptable)  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 **SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

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 NORTH JOHN YOUNG PARKWAY	ORLANDO FL 34741

**REINSTATEMENT**

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

**SIGNATURE REQUIRED**

Date 10/27/03 Daytime Phone # 407-493-2121

Typed or printed name of signing Managing Member/Manager

CR2E034 (7/03)