

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

2003 DEC -4 AM 10:44

DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000017049
 Name and Mailing Address

0008641 01 AT 0.292 **AUTO T2 0 0615 33321-357140

 SUNDANCE VISUAL SYSTEMS, LLC
 9340 WEDGEWOOD LANE
 TAMARAC FL 33321-3571

400025202414
 12/04/03--01007--005 **150.00



2. New Mailing Address <i>(AS OF JAN. 1 ST, 2004)</i> 6468 BARTON CREEK CIRCLE		4. State/Country of Formation FL / PALM BCH. CNTY.	
City, State, Zip LAKE WORTH, FL 33463		5. Date Organized or Qualified To Do Business in Florida 07/08/2002	
Principal Place of Business 9340 WEDGEWOOD LANE TAMARAC FL 33321	3. New Principal Place of Business Address <i>(1/1/03)</i> 6468 BARTON CREEK CIRCLE	6. FEI Number 45-0481853	Applied For Not Applicable
City, State, Zip LAKE WORTH, FL. 33463		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

CR2E084 (7/03)

8. Name and Address of Current Registered Agent PFENNINGER, MARCUS 9340 WEDGEWOOD LANE TAMARAC FL 33321		9. Name and Address of New Registered Agent <i>(1/1/04)</i>	
		Name MARCUS PFENNINGER	
		Street Address (P.O. Box Number is Not Acceptable) 6468 BARTON CREEK CIRCLE	
		City LAKE WORTH,	FL Zip Code 33463

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]* **SIGNATURE REQUIRED** Date **12/1/03**
 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
MGRM/ PRES.	MARCUS SHAWN PFENNINGER	6468 BARTON CRK. CIR.	LAKE WORTH, FL. 33463
MGRM/ TREAS.	ANITA KALMORE	" " "	" " "

REINSTATEMENT 2003

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]* **SIGNATURE REQUIRED** Date **12/1/03** Daytime Phone # **(954) 724-9535**
 Typed or printed name of signing Managing Member/Manager **MARCUS PFENNINGER - PRES.**