



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 # L020000017049

Name and Mailing Address

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

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SUNDANCE VISUAL SYSTEMS, LLC

9340 WEDGEWOOD LANE

TAMARAC FL 33321-3571

400025202414
12/04/03--01007--006 **150.00



2. New Mailing Address <i>(AS OF JAN. 1ST, 2004)</i> 6468 BARTON CREEK CIRCLE			4. State/Country of Formation FL / <i>PAZM BCH. CNTY.</i>		
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 City, State, Zip LAKE WORTH, FL. 33463		6. FEI Number 45-0481853 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
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 <i>[Signature]</i> 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

CB2E034 (7/03)

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/Manage

Date 12/1/03 Daytime Phone # (954) 724-9535

Typed or printed name of signing Managing Member/Manager: _____

MARCUS PFENNINGER - PRES.