PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 SEP 26 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 07

700023869347
09/26/03--01081--010 **750.00

DOCUMENT # L92153

1. Corporation Name
SUNSET GOLF CLUB, INC.

2. Principal Office Address	3. Mailing Office Address
2727 JOHNSON ST.	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HOLLYWOOD, FLORIDA	City & State
Zip: 33020 Country: BROWARD	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 1990

5. FEI Number: 65-0214130 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: SUTTON, William

Street Address (P.O. Box Number is Not Acceptable): 2727 JOHNSON Street

Suite, Apt. #, Etc.:

City: HOLLYWOOD State: FL Zip Code: 33020

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: William Sutton (WILLIAM SUTTON) Date: 9/24/03.
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D.P	GOODMAN, CAROL	6650 EAST TROPICAL WAY	PLANTATION, FL 33317
DVT	SUTTON, William	2727 Johnson Street	Hollywood, FL 33020

10. 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 filing 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 Sutton (WILLIAM SUTTON) 9/24/03 954-240-6193
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JP 5/25