PLEASE READ ALL INSTRUCTIONS BEFORE (

FILED
04 NOV -3 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000019101

1. Corporation Name
SUNDANCE CONSTRUCTION CORP

REINSTATEMENT 04
MRD

2. Principal Office Address	3. Mailing Office Address
5602 Delido Ct	2528 Andalusia Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CAPE CORAL FL	City & State: CAPE CORAL FL
Zip: 33904 Country:	Zip: 33909 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 2-23-00

5. FEI Number: 65-0983656 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: Capital Connection, Inc.

200042767602
11/16/04--01018--009 **150.00

Street Address (P.O. Box Number Is Not Acceptable): 417 E. Virginia Street

Suite, Apt. #, Etc.

City: Tallahassee State: FL Zip Code: 32301

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: [signature] Weimar Lopez for Capital Connection, Inc. Date: 11/3/04
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
MR	Michael McConnell	5602 Delido Ct	Cape Coral, FL 33904

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: MICHAEL McConnell [signature] 11/1/04 239-772-5623
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #