
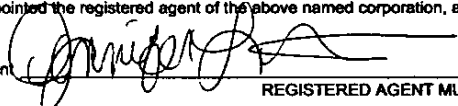
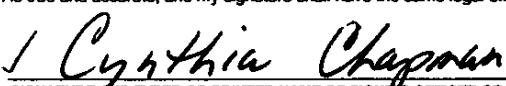


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	<b>FILED</b>  05 SEP 29 PM 2:44  SECRETARY OF STATE TALLAHASSEE, FLORIDA  <b>REINSTATEMENT 2005</b> CR2E081 (8/05)	
<b>DOCUMENT #</b> P04000076696				
<b>1. Corporation Name</b>  SUNDANCE INTERNATIONAL CORPORATION				
<b>2. Principal Office Address</b> 2430 VANDERBILT BEACH RD Suite, Apt. #, etc. UNIT 108 BOX 182 City & State NAPLES FLORIDA Zip 34109		<b>3. Mailing Office Address</b> 2430 VANDERBILT BEACH RD Suite, Apt. #, etc. UNIT 108 BOX 182 City & State NAPLES FLORIDA Zip 34109		
Country USA		Country USA		
		<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 05/12/04		
		<b>5. FEI Number</b> 90-0244313		<input type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
		<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		
<b>7. Name and Address of Current Registered Agent</b>				
Name JENNIFER L. WHITELOW				
Street Address (P.O. Box Number is Not Acceptable) 3838 TAMiami TR N				
Suite, Apt. #, Etc. THIRD FLOOR				
City NAPLES		State FL Zip Code 34103		
<b>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.</b>				
Signature of Registered Agent 		Date 9/24/05		
REGISTERED AGENT MUST SIGN				
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>				
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>	
PD	CYNTHIA CHAPMAN	2430 VANDERBILT BEACH RD UNIT 108 BOX 182	NAPLES FL 34109	
SD	ISABELLE O'CONNOR	2430 VANDERBILT BEACH RD UNIT 108 BOX 182	NAPLES FL 34109	
TD	NANCY MCLAUGHLIN	2430 VANDERBILT BEACH RD UNIT 108 BOX 182	NAPLES FL 34109	
<b>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.</b>				
<b>SIGNATURE:</b> 		9/22/05 / (239) 298-0437		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #		