

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

02 OCT 24 PM 3:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000073906

1. Corporation Name

SUNDANCE ENTERPRISES, INC.

Principal Place of Business

11944 SUNCHASE COURT  
BOCA RATON FL 33498

Mailing Address

11944 SUNCHASE COURT  
BOCA RATON FL 33498

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/04/1994

5. FEI Number

65-0530937

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	MADDEN, R.F.	11944 SUNCHASE COURT	BOCA RATON FL 33498
VSTD	MADDEN, ROBIN	11944 SUNCHASE COURT	BOCA RATON FL 33498

8. Name and Address of Current Registered Agent

R.F. MADDEN  
11944 SUNCHASE CT.  
BOCA RATON FL 33498

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/22/02

11. 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/22/02 81-412-2238

Daytime Phone #

CR2E040 (8/02)



## Sundance Enterprises

11944 Sunchase Court  
Boca Raton, FL 33498

Date: 22 October 2002

To:

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314-6327

From:

Sundance Enterprises Inc.  
11944 Sunchase Ct.  
Boca Raton, FL 33498

Dear Sir or Madam,

I have just received a "Notice of Administrative Dissolution or Revocation" from your office. I am writing you in order to ask for a waiver of the reinstatement fee because I did not receive the original notice.

If you check your records you will find that Sundance Enterprises has been in business since 1994 and has never missed the filing date. Although our business has been extremely slow since Sept 21, 2001 we are still in business and trying to remain viable.

Please accept the enclosed check in the amount of \$150.00.

Respectfully,

  
Bob Madden  
President