

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 FEB 24 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-02/26/98--01048--004
***1058.75 ***1058.75

DOCUMENT # *P950000 22962*

1. Corporation Name
SUNDANCE CATTLE & RANCHING, INC.

Principal Place of Business Mailing Address
**5975 Sunset Drive
Suite 802
South Miami, FL 33143**

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

2. New Principal Office Address, If Applicable
10461 East Bushnell Road

3. New Mailing Office Address, If Applicable
P.O. Box 979

4. Date Incorporated or Qualified
To Do Business in Florida **March 20th, 1995**

City & State
Floral City, Florida

City & State
Floral City, Florida

5. FEI Number
59-3311242

Applied For
Not Applicable

Zip
FL 34436

Country
U.S.A.

Zip
FL 34436-0979

Country
U.S.A.

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
<i>P/D</i>	<i>Friedrich Casutt von Batemburg</i>	<i>Baarenstrasse 75</i>	<i>Zug, Switzerland, CH-6302</i>
<i>S/D</i>	<i>Ursula Casutt von Batemburg</i>	<i>Baarenstrasse 75</i>	<i>Zug, Switzerland, CH-6302</i>

REINSTATEMENT

96-98

FL 2-25-98

8. Name and Address of Current Registered Agent

**Robert H. Hoffman
Attorney at Law
5975 Sunset Drive
Suite 802
South Miami, FL 33143**

9. Name and Address of New Registered Agent

Name
Brian Carlson, C.P.A.
Street Address (P.O. Box Number is Not Acceptable)
1121 Sterling Road
Suite, Apt. #, Etc.
Powell Square
City
Inverness

State
FL

Zip Code
34450

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.

Signature of
Registered Agent *R. B. a. Cash*
REGISTERED AGENT MUST SIGN

Date **2-23-98**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dr. Friedrich Casutt von Batemburg

22nd Feb. 1998 (352) 726-2986

Date Daytime Phone #

Fax (352) 726-2433

CR2040 (12/96)