

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State



DOCUMENT # P95000056466
 1. Corporation Name
 SUNDANCE RAINTREE, INC

99 JUN 11 11:11:20
 TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address
 421 S. ATLANTIC AVE 817 STATE HWY A1A
 N. SMYRNA BEACH, FL N. SMYRNA BEACH, FL
 32169 32169

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. Date incorporated or Qualified To Do Business in Florida July 20, 1995
 5. FEI Number 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PRES	JOHN POLASKY P	1301 W. LONG LAKE RD #108	TROY, MICHIGAN 48098
VPRES	ROBERT MITCHELL V	315 FLAGLER AVE.	N. SMYRNA BEACH, FL 32169
TREAS	RICHARD RADUEGE T	100 BUNNELL # 1A	ANCHORAGE, ALASKA 99508
SECT	MILTON JOHNSON S	817 STATE HWY A1A	N. SMYRNA BEACH, FL 32169

REINSTATEMENT 96-99 TS

8. Name and Address of Current Registered Agent
 MILTON JOHNSON
 817 STATE HWY A1A
 N. SMYRNA BEACH, FL 32169

9. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable) 400002914974--3
 Suite, Apt. #, Etc. -06/24/99--01101--024
 City ***1208, 75 State FL Zip Code ***1208, 75

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 Milton Johnson MILTON JOHNSON REGISTERED AGENT MUST SIGN Date 5-4-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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: Milton Johnson MILTON JOHNSON 5-4-99 904-426-7935
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E081 (12/98)