

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 San J. Rodhan
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 JAN 22 PM 1:23

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P96000059663**

1. Corporation Name

SUNDANCE BUILDERS OF LARGO, INC.

Principal Place of Business

588 LAKESIDE PLACE
 LARGO FL 33771

Mailing Address

588 LAKESIDE PLACE
 LARGO FL 33771



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

07/16/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3390587

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	HAMBURG, HAL	588 LAKESIDE PLACE	LARGO FL 33771
STD	HAMBURG, LAURA	588 LAKESIDE PLACE	LARGO FL 33771
			400002412614--2 -01/27/98--01014--010 ****900.00 ****900.00

REINSTATEMENT

97-980
 1-21-98
 1/2

8. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

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.

Signature of Registered Agent

AmeriLawyer
 by: *[Signature]* President
 REGISTERED AGENT MUST SIGN

Date 1/21/98

11. This corporation owes or has paid 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:

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

Date

Daytime Phone #

1-21-98 (813) Pagan 780-4702

CR2E040 (8/97)