PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

99 APR 22 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000034572

1. Corporation Name

SUNSET VACATIONS CORP.

Principal Place of Business	Mailing Address
3201 Lindfields Blvd Kissimmee, Fl 34747	~~3201 Lindfields Blvd~~ ~~Kissimmee, Fl 34747~~

REINSTATEMENT cp, cm

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 Address, If Applicable
	C/O G. Steven Brown
Suite, Apt. #, etc.	Suite, Apt. #, etc 200 E. Robinson St., #500
City & State	City & State Orlando, Florida
Zip / Country	Zip / Country 32801 / USA

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida: April 17, 1997

5. FEI Number: 59-3443558 (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) 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
P/D/T	James R. Wehrle	3201 Lindfields Blvd	Kissimmee, Fl 34747
S	Manuel Alvarado	3201 Lindfields Blvd	Kissimmee, Fl 34747

300002859003--9
-04/30/99--01118--005
****900.00 ****900.00

8. Name and Address of Current Registered Agent

A.G.C. Co.
200 S. Orange Ave., Ste 2300
Orlando, Fl

9. Name and Address of New Registered Agent

Name: Florida Corporate Support, Inc.
Street Address (P.O. Box Number is Not Acceptable): 200 E. Robinson Street, Ste 500
Suite, Apt. #, Etc.
City: Orlando, State: FL Zip Code: 32801

CR2E040 (1-95)

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: Florida Corporate Support, Inc. By: G. Steven Brown Asst Sec
REGISTERED AGENT MUST SIGN

Date: 4/13/99

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

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: James R. Wehrle Pres. 4/13/99