APPLICATION FOR PLEASE READ ALL INSTRUCTIONS BEFORE C FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State													
REINSTATEMENT DIVISION OF CORPORATIONS													
DOCUMENT # P97000061969 1. Corporation Name SUNTECH RESORT DEVELOPERS OF FLORIDA, INC.									99 NOV - 2 PA 12: 26 SECRETAGE OF STATE TALLAHASSEE, FLORIDA				
DONII	acii ki	BOKI I	A A B B O I	DIAD OI	1 DOM	,	21100		TALLAHA	SSEE. FL	ÖRI	Ā	
					South	y Be	oon Dr. ach, FL 2408						
If above addresses are incorrect in any way, tine through incorrect information and enter correction below. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable									orated or Qualifie	.ત			
Suite, Apt. #, etc. Suite, Apt. #,					eic.			5. FEI Number	ness in Florida	07/16	/97	Ţ	
City & State City & State								59-3462375 Applied For Not Applicable					
Ζιρ	Country			Zip Countr				6. CERTIFICATI	CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee regul for a Certificate of Status				
7. Names a	nd Street Ac		ch Officer and/ of Officers	or Director (Flo	rida nonpro		ions must list at lea				-		
Title(s)	s) and/or Directors				Officer and/or Director 3 (Do NOT Use Post Office Box N			tumbers) 4 City / State / Zip					
D/P	HOWARD SHELTON				<u> </u>		th Lagoo	32408					
D/V MIKE HUDLOW					8120) Sou	th Lagoc	n Drive	Drive Panama City Beach, FL 32408				
D/S/T	T CARLTON SCHWARTZ				600 Ohio				Lynn Haven, FL 32444				
•				R	eins	TAT	EMEN	1 49	00034 	3404 /99010 50.00 *	87 97 ***7	B -019 'S0.00	
									•				
8. Name and Address of Current Registered Agent Name								9. Name and Address of New Registered Agent					
							Street Address (P.O. Box Number is Not Acceptable)						
Panama City, FL 32401						Suite, Apt. #, Etc.			uc.				
,							City State Zip Code						
10 I, being a Sign Jure of Registered A	41	e registered a		ve named corpo	·		h and accept the o	bligations of Secti	on 607.0505, F.S Date _ //	14/4			
				current y ty Tax du		3 0.	Yes	⊠ No □] '	See other side on inlang			
this reins owed by	latement ap The corporal	plication, the r ion have beer	eason for disso paid and the r	itution has been names of individ	eliminated, luals listed o	the corpor on this form	his application as prate name satisfies to do not qualify for ct as if made unde	the requirements an exemption und	of section 607.0	401 or 617.040	1, F.S.	, that all fees	
SIGNAT	URE:	JO J	and TYPED OR PRI	D SE NTED NAME OF S	HOM SIGNING OFF	ICER OR D	RECTOR		10/27	/99 Day)50 lime Pho	396-8568	