PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

P99000025717 DOCUMENT

1. Corporation Name

SUNGOLD HOLDINGS, INC.

Mailing Address

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

701-WEST-CHURCH-STREET ORLANDO_FL_32805

Principal Place of Business

701-WEST-CHURCH-STREET ORLANDOLFL 32805

FILED

02 JUL 29 PM 1: 20

SEGRETARY OF STATE TALLAHASSEE, FLORIDA



1809	adress, II Applicable Cange Avenue	Box 5090			4. Date Incorporated or Qualified To Do Business in Florida 03/17/1999					
Suite, Apt. #, etc. Suite, Apt. #,					, etc. 5. FEIN					Applied For
				r Park, FL			59-3563785 Not Applicable			
32806 Country USA			Zip 32793 Cour US				S8.75 Additional Fee require 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			City / State / Zip			
D	GOLDEARE	JE N WESTMORELAND DR			ORLANDO EL 32805					
P/D	Gentry	, Robert H.,	IV	5745	Oak 1	Hollow La	ane	Oviedo, I	FL 3	2765
V/S T/D	Gentry	, Robert H.,	III	5750	Oak 1	Hollow La	ane	Oviedo, I	FL 3	2765
V/D	Gentry	2792 B- Curry Ford Road				Orlando, FL 32806				
-			.				30	000707 -08/13/02 ****908	1 € 014 75	1934 ⁰²⁸⁰¹⁵ *****908.75
8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent				
DIETZ, WILLIAM J 25 SOUTH MAGNOLIA AVENUE ORLANDO FL 32801						Name Charles L. Steinberg Street Address (P.O. Box Number is Not Acceptable) 2869 S. Delaney Avenue Suite, Apt. #, Etc.				
						City			State	Zip Code

10. I, being appointed the registered agent of the about e named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

SIGNATURE

Date July 26, 2002

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

(Robert H. Gentry, III) 7/26/02 (407) 808-1151