2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000025717

1. Entity Name
SUNGOLD HOLDINGS, INC.

05 JUN -9 AM 9:28

Principal Place of Business	Mailing Address
1809 S. ORANGE AVENUE ORLANDO, FL 32806	P.O. BOX 5090 WINTER PARK, FL 32793 07

REINSTATEMENT

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

FEI/EIN # ~~Pending~~ CR2E098 (6/04) 04-05

4. FEI Number
59-3563785
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STEINBERG, CHARLES L
2869 S. DELANEY AVENUE
ORLANDO, FL 32806

7. Name and Address of New Registered Agent

Name Robert H. Gentry III

Street Address (P.O. Box Number is Not Acceptable)

5750 Oak Hollow Dr

City OVIEDO **FL** Zip Code 32765

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 5/30/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $900.00

5/30/05

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GENTRY, ROBERT H IV 5745 OAK HOLLOW LANE ORLANDO, FL 32765	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 700056148997 06/14/05--01030--021 **908.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSTD GENTRY, ROBERT H III 5745 OAK HOLLOW LANE ORLANDO, FL 32765	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GENTRY, CHESTON R 2792-B CURRY FORD ROAD ORLANDO, FL 32806	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 5/2/05 407-808-1151
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

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