

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR -5 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

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04/05/04--01003--015 **900.00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K21192

1. Corporation Name

CORAL BEACH HOTELS & RESORTS, INC.

2. Principal Office Address
9180 Galleria Court

3. Mailing Office Address
9180 Galleria Court

Suite, Apt. #, etc.
Suite 600

Suite, Apt. #, etc.
Suite 600

City & State
Naples, FL

City & State
Naples, FL

Zip
34109

Country
USA

Zip
34109

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 4/18/1988

5. FEI Number
65-0046842

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
JOHN E. AYRES, JR.

Street Address (P.O. Box Number is Not Acceptable)
9180 Galleria Court

Suite, Apt. #, Etc.
Suite 600

City
Naples,

State
FL

Zip Code
34109

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date 2/27/04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	JOHN E. AYRES, JR.	9180 Galleria Court, Suite 600	Naples, Florida 34109

10. 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)(f), 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:

2/27/04

239-449-1800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2E081 (01/04)