2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
07 APR 20 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

04192007 REIN-LLC CR2E101 (1/07)

DOCUMENT # L99000007721

1. Entity Name
ACADEMY RESORTS, L.L.C.

Principal Place of Business	Mailing Address
5500 34TH STREET WEST BRADENTON, FL 34210	5500 34TH STREET WEST BRADENTON, FL 34210

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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	P.O. Box 49948
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Sarasota, FL
Zip / Country	Zip: 34230-6948 / Country

4. FEI Number: 65-0962121 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS
515 E. PARK AVE.
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. **(NOTE: Registered Agent signature required when reinstating)** DATE

FILE NOW!!! FEE IS $200.00 BK **Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BAND, DAVID S 240 SOUTH PINEAPPLE AVENUE SARASOTA, FL 34236	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BREUNICH, GREG 5500 34TH STREET WEST BRADENTON, FL 34210	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300101935523 05/09/07--01008--010 **200.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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REINSTATEMENT 2006-2007

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE [signature] David S. Band, Manager 4/19/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #