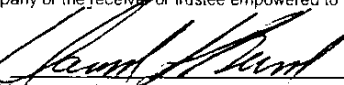


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L99000007721 1. Entity Name ACADEMY RESORTS, L.L.C.					
Principal Place of Business 5500 34TH STREET WEST BRADENTON, FL 34210			Mailing Address 5500 34TH STREET WEST BRADENTON, FL 34210		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address P.O. Box 49948 Suite, Apt. #, etc.			
City & State		City & State Sarasota, FL			
Zip	Country	Zip 34230-6948	Country	4. FEI Number 65-0962121	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For Not Applicable	
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 _____ (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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAND, DAVID S 240 SOUTH PINEAPPLE AVENUE SARASOTA, FL 34236		TITLE NAME STREET ADDRESS CITY-ST-ZIP	300101935523 05/09/07--01008--010 **200.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BREUNICH, GREG 5500 34TH STREET WEST BRADENTON, FL 34210		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2006-2007	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2006-2007	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2006-2007	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT		TITLE NAME STREET ADDRESS CITY-ST-ZIP	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 			David S. Band, Manager		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 4/19/07		