

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

P00000059293

DOCUMENT # P00000059293

1. Corporation Name
Inlet Properties, Inc.

2. Principal Office Address
1200 West Highway 434

3. Mailing Office Address
257 Minorca Beach Way

Suite, Apt. #, etc.
Suite 102

City & State
Longwood, FL

Zip
32750

Country
USA

City & State
New Smyrna Beach, FL

Zip
32169

Country
USA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY 27 PM 3:03

REINSTATEMENT 03-04

4. Date Incorporated or Qualified To Do Business in Florida 06/11/00

5. FEI Number 59-3660927

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

7. Name and Address of Current Registered Agent

Name
Claudine Landry

Street Address (P.O. Box Number is Not Acceptable)
257 Minorca Beach Way

Suite, Apt. #, Etc.

City
New Smyrna Beach

State
FL

Zip Code
32169

300037331663
05/26/04--01022--003 **300.00

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 _____

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Barbara Garwood	339 Lakeview Street	Orlando, FL 32804
D	Claudine Landry	1525 Pine Tree Drive	Edgewater, FL 32132
D	Myron Cutler	257 Minorca Beach Way #1408	New Smyrna Beach, FL 32169

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)(l), 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: *Claudine Landry* 05/24/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2004 1/1/04