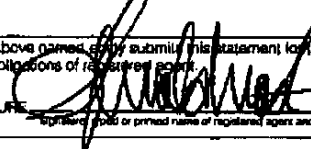
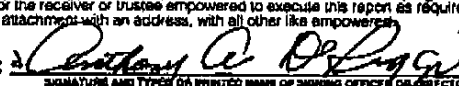


**2005 FOR PROFIT CORPORATION
REINSTATEMENT**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 28 PM 2:32

DOCUMENT # P03000026086			
1. Entity Name ALOHA RESORT, INC.			
Principal Place of Business 2141 NORTHEAST 24TH STREET FT. LAUDERDALE, FL 33305 US		Mailing Address 2141 NORTHEAST 24TH STREET FT. LAUDERDALE, FL 33305 US	
2. Principal Place of Business 1500 NORTH FEDERAL HWY SUITE 200 FORT LAUDERDALE FL		3. Mailing Address 1500 NORTH FEDERAL HWY SUITE 200 FORT LAUDERDALE FL	
City & State Fort Lauderdale FL		City & State Fort Lauderdale FL	
Zip 33304		Zip 33304	
Country USA		Country USA	
4. Name and Address of Current Registered Agent MASTRIANA, F. RONALD 1500 NORTH FEDERAL HIGHWAY SUITE 200 FT. LAUDERDALE, FL 33304		5. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
6. 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: 		DATE: 1-28-05	
FILE NOW!!! FEE IS \$900.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DERIGGI, ANTHONY 2141 NORTHEAST 24TH STREET FT. LAUDERDALE, FL 33305	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 empowerment.			
SIGNATURE: 		DATE: 1/28/05	
SIGNATURE AND TYPE OR PRINTED NAME OF SHARING OFFICER OR DIRECTOR		DATE	

REINSTATEMENT 04-05

01272005 REIN-P CR2E098 (6/04)

4. FBI Number **47-0914908** Applied For Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

SIGNATURE:

(NOTE: Registered Agent's signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
DERIGGI, ANTHONY
2141 NORTHEAST 24TH STREET
FT. LAUDERDALE, FL 33305☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SHARING OFFICER OR DIRECTOR

DATE

Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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Fax Number : (850) 205-0384

From:

Account Name : CORPORATION SERVICE COMPANY /SAK
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

CORPORATION REINSTATEMENT

ALOHA RESORT, INC.

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