

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000017456

1. Corporation Name

LANI KAI RESORT, INC.

2. Principal Office Address

1400 Estero Blvd.

Suite, Apt. #, etc.

City & State

Fort Myers Beach, FL

Zip

33931

Country

USA

3. Mailing Office Address

1400 Estero Blvd.

Suite, Apt. #, etc.

City & State

Fort Myers Beach, FL

Zip

33931

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

02/12/2002

5. FEI Number

04-3744267

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (8/05)

7. Name and Address of Current Registered Agent

Name

Robert B. Burandt, Esq.

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

1714 Cape Coral Parkway East

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33904

700055715477
03/16/05--01048--003 **108.75

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

9-14-05

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
PD	ROBERT G. CONIDARIS	1400 Estero Blvd.	Fort Myers Beach, FL 33931
VSTD	GRACE A. CONIDARIS	1400 Estero Blvd.	Fort Myers Beach, FL 33931

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)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GRACE CONIDARIS

Date

9/14/05 239.463-3111

Daytime Phone #