PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 06 NOV -6 PM 2:41
DOCUMENT # 714977		JACH, I ARY OF STATE
1. Corporation Name		OLUM, IAKY OF STATE TALLAHASSFE, FLORIDA
Bahia Vista Club of Venice, Inc		
	Ţ	VERSET BY SHASHIFT DL
2. Principal Office Address	3. Mailing Office Address	Figure 1 and
181 Center Rd	181 Center Rd	10/31/0601037006 **61.25 CR2E081 (12/05)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified
City & State	City & State	To Do Business in Florida 1968
Venire FL	Venice PL	5. FEI Number Applied For Not Applicable
Zip Country	Zip Country	6. S8.75 Additional Foo required
34285 US	34285 us	for a Certificate of Status
7. Name and Address of Current Registered Agent		
Hrous Management of Venice		
Street Address (P.O. Box Number is Not acceptable)		
Suite, Apt. #, Etc.		
City State Zip Code		
Venice FL 34385		
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 10/03/06		
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		
Pres Tom Davis 1999 Inlet Circle ADOY		by Venice, FL 34285
VP Judy Grney	1999 Inlest Cir	de Vonice, FL 34285
Sec Greg bothe	999 lovet Circle	B-102 Venice, FL 34285
tos Robert Nordstr	om 1999 Inlet Circle	
Tres Robert Nordstr	art The area	2 D-201 Venice, PL 34285
$\mathcal{C}_{\mathcal{C}}(II I)$		
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 filling		
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 contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same lengt effect as if made under coth		
on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.		
SIGNATURE: /17-02 C. War Pres. 10/23/96 941-408-7413		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

Bahia Vista Club of Venice c/o Argus Management of Venice 181 Center Road Venice, FL. 34285 Phone (941) 408-7413 Fax (941) 408-7419

October 23, 2006

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL. 32314

Re: FEIN # 59-1318619

Dear Reinstatement Department:

Per my conversation with Barbara at your office, our office mailed check number 3168 to your office 02-27-06 for their Annual Report. As of this date the check still has not cleared the bank. Please waive the reinstatement fee due to the fact that we had mailed the payment in a timely matter but it was lost in the mail.

Should you have any questions in this regard, please feel free to contact our office.

Sincerely,

Managing Agent For

Vinny Campbel

Bahia Vista Club of Venice