PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # 718186

1. Corporation Name

VISTA-DEL MAR ASSOCIATION, INC.

2. Principal Office Address	3. Mailing Office Address
2301 COSTA VERDE BLVD	c/o PMSI, Inc.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	P.O. Box 1987
City & State	City & State
JACKSONVILLE BEACH, FLORIDA	Yulee, Florida
Zip / Country	Zip / Country
32250 UNITED STATES	32041-1987 USA

4. Date Incorporated or Qualified to Do Business in Florida: April 10, 1970

5. FEI Number: 59-1404101 (Applied For / Not Applicable)

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

7. Name and Address of Current Registered Agent

Name: Terrell J. Powell

Street Address (P.O. Box Number is Not Acceptable): 2215 East State Road 200 REINSTATEMENT 98-00

Suite, Apt. #, Etc.:

City: Yulee, State: FL Zip Code: 32041-1987

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: Terrell J. Powell Date: April 19, 2000
(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
P			
res.	Gil J. Pomar, Jr.	4641 Algonquin Avenue	Jacksonville, Fl 32210
V-Pres	Howard L. Shumate	2309 Costa Verde Blvd Unit 102	Jacksonville Beach, Fl. 32250
Secy	Mrs. C. M. Thompson	5041 Ortega Farms Blvd	Jacksonville, Fl. 32210
Treas	William G. Holyfield, Jr.	4292 Venetia Blvd	Jacksonville, Fl. 32210
Dir	Ricardo Morales, Jr.	2205 Miller Oaks Ct	Jacksonville, Fl. 32207
Dir	Dennis W. Clarke	2325 Costa Verda Blvd Unit101	Jacksonville Beach Fl 32250

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., and 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 contained on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: William G. Holyfield Jr. Treasurer — 18 April 2000 — 904-786-7170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

APR 25 2000