


2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 723039 1. Entity Name RAINTREE CLUB, INC.	
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JUN 10 AM 6:18

Principal Place of Business 360 4TH AVE SOUTH NAPLES, FL 34102 US	Mailing Address POST OFFICE BOX 887 NAPLES, FL 34106
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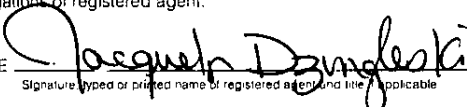


2. Principal Place of Business - No P.O. Box #	3. Mailing Address 2335 9th Street N
Suite, Apt. #, etc.	Suite, Apt. #, etc. 505
City & State	City & State Naples, FL
Zip	Country US

06042009 REIN-NP CR2E099 (1/07)

6. Name and Address of Current Registered Agent RHODES, DIANNE 378 FOURTH AVENUE SOUTH NAPLES, FL 34102	7. Name and Address of New Registered Agent Name Gulf View Property Management, Inc. Street Address (P.O. Box Number is Not Acceptable) 2335 9th Street N #505 City Naples FL Zip Code 34103
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8. 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  **Jacquelyn Dzingleski** 6/4/09
Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RHODES, DIANNE 378 FOURTH AVENUE SOUTH NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900156955283 <input type="checkbox"/> Change <input type="checkbox"/> Addition 06/10/09--01002--001 **297.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COLLINS, ROBERT BOX 26 BARNSTABLE, MA 02630 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Nagy, Noreen (STD) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 360 Fourth Avenue S Naples, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	B 6/15/09 <input type="checkbox"/> Change <input type="checkbox"/> Addition 08-09
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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 empowered.

SIGNATURE:  **Dianne Rhodes, PD** 6/4/09 239-403-7991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #