From: The Payne Law Group

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Florida Department of State

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Email Address:_ jrosenfeld@lawnav.com

CORPORATION REINSTATEMENT COQUINA BEACH RESORT ASSOCIATION, INC.

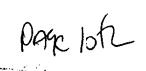
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11 MAY 19 AM 9: 47 FLORIDA DEPARTMENT OF STATE CORPORATION SECRETARY OF STATE Secretary of State REINSTATEMENT TALLAHASSEE, FLORIDA DIVISION OF CORPORATIONS DOCUMENT# 756793 Corporation Name COQUINA BEACH RESORT ASSOCIATION, INC. 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 1003 Gulf Drive South 1003 Gulf Drive South CR2E081 (11/10) Suite, Apt. #, etc. Suite, Apt. #, etc. Date Incorporated or Qualified
 To Do Business in Florida 3/16/81 City & State City & State 5. FEI Number Applied For Bradenton Beach, FL Bradenton Beach, FL 101189820 Not Applicable Country Country 34217 34217 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status , IIS US 7. Name and Address of Current Registered Agent 10-11 B 5/19 Candace Conte Street Address (P.O. Box Number is Not Acceptable) 419 Pine Avenue EINSTATEME Suite, Apt. #. Etc. City Zin Code FL 34216 Anna Maria 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S. Signature of Date _5/19/11 REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Fiorida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director Name of Officers and/or Directors City / State / Zip 4906 60th Drive East Bradenton, FL34203 PD Sophie Gregory 4906 60th Drive East Bradenton, FL 34203 VP p Robert Bolus Candace Conte 419 Pine Ave., P.O. Box 2150 Anna Maria, FL 34216 Bradenton Beach, FL 34217 D 1003 Gulf Drive South Ann Zito

11. 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 thing this reinstallement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607,0401 or 617,0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under eath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

(To be used for future annual report notification)

jrosenfeld@lawnav.com

SIGNATURE: Sophie Gregory 5/19/11 (570) 498-0976

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Date Daytime Phone is