

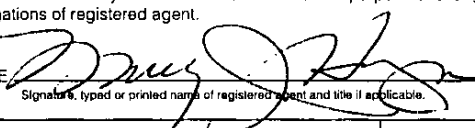
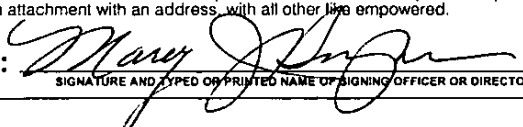


# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # 759638</b> 1. Entity Name <b>DAYTONA RESORT &amp; CLUB ASSOCIATION, INC.</b>						FILED 08 OCT 16 PM 12:05 CLERK OF STATE TALLAHASSEE, FLORIDA   <b>REINSTATEMENT</b> 08 <small>10/14/2008 REINSTATEMENT FEE GR2E099 (1/07)</small>	
Principal Place of Business 1200 RUGER PL DAYTONA BCH, FL 32118 US				Mailing Address 1200 RUGER PL DAYTONA BEACH, FL 32118 US			
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.				3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip Country				City & State  Zip Country			
4. FEI Number <b>59-2071303</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>BILINSKI, EDWARD J</b> <b>559 EAST ORANGE ST</b> <b>ALTAMONTE SPRINGS, FL 32701</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>10-14-08</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$236.25</b> <b>After January 1, 2009, Fee will be \$297.50</b>				<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIERCE, JEAN 661 SE PORTAGE PORT ST. LUCIE, FL 34984	<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	D MOSS, BRIAN 2315 LAUDERDALE CT. ORLANDO, FL 32805	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600136978826 10/16/08--01030--006 **236.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANTILLI, PETER 12960 CURT DR JACKSONVILLE, FL 32701	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$210/16 <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARAVELLO, DONALD 2200 N A1A SUITE 601 DAYTONA BEACH, FL 32118	<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	T SMITH, JOYCE 523 BALASWOOD COURT ALTAMONTE SPRINGS, FL 32714	<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	S EDMONDSON, JAY 2274 LAKE POINT CIR LEESBURG, FL 34748	<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 lines empowered.							
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <b>10-14-08</b> DAYTIME PHONE # <b>3862550764</b>			