FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

06 APR 12 AM 9:11

SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E039 (11/05)

DOCUMENT # B96000000021

1. Name of Limited Partnership
GULF ISLAND RESORT, L.P., LTD.

2. Principal Office Address		3. Mailing Office Address	
6040 SEA RANCH DRIVE		6040 SEA RANCH DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
HUDSON, FLORIDA		HUDSON, FLORIDA	
Zip	Country	Zip	Country
34667	USA	34667	USA

4. Date Formed or Registered To Do Business in Florida 1/11/1996

5. FEI Number 59-3167770 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
MAURICE J. BAUMGARTEN, ESQ.

Street Address (P.O. Box Number is Not Acceptable)
100 S. E. 2ND STREET

Suite, Apt. #, Etc.
SUITE 4300

City: MIAMI | State: FL | Zip Code: 33131

7. FEES:

Filing Fee(s): $411.25 for each year due this office.

Supplemental Fee(s): $88.75 for each year due this office.

Penalty Fee(s): $500 for each year or part thereof limited partnership revoked on our records

9. Pursuant to the provisions of section 620.1816 or 620.1908, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ (REGISTERED AGENT MUST SIGN) DATE 4/6/06

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
GULF ISLAND RESORT, INC.	6040 SEA RANCH DRIVE	HUDSON, FL, 34667	P93000004563

REINSTATEMENT

2003-2004
2005-2006

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that any signature shall have the same legal effects as if made under oath; I further certify that I am a General Partner of the limited partnership, member or manager empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Alex Bistricer DATE 4/4/06

Typed or Printed Name of General Partner Signing Form Alex Bistricer, Dir. GP Telephone Number _____

Gulf Island Resort, LP

C/o Anania, Bandklayder, Blackwell, Baumgarten, Torricella & Stein
100 Southeast Second Street, Suite 4300, Miami, Florida 33131-2150

April 4, 2006

Division of Corporations
Attn: Partnership Section
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Reinstatement for Gulf Island Resort LP

To Whom It May Concern:

Please be advised that the Annual Reports for the above captioned entity were not filed for 2003, 2004 and 2005 due to the fact that forms were mistakenly mailed to an incorrect address, therefore, we never received them. In light of this fact, we respectfully request that you remove the penalties due to these accounts so that we can pay the appropriate fees and reinstate this entity.

Thank you for your attention to this matter.

Sincerely,

Gulf Island Resort, LP
By: Gulf Island Resort, Inc.

By: Alex Bistricer
Alex Bistricer

Florida Department of State

Division of Corporations
Public Access System

(3) 4/12

Electronic Filing Cover Sheet

Reinstate

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000093389 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

PLEASE FILE AFTER GP REINSTATEMENT ON #H06000093384

LP/LLLP REINSTATEMENT

GULF ISLAND RESORT, L.P., LTD.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	~~$4.000.00~~ 2000.00

Electronic Filing Menu Corporate Filing Menu Help

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