Florida Department of State

Division of Corporations

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To:
Division of Corporations
Fax Number : (850)617-6383

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

LP/LLLP REINSTATEMENT

DLE

GULF ISLAND RESORT, L.P., LTD.

Certificate of Status	0
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Page Count	02
Estimated Charge	~~$3,000.00~~

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$1500.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E039 (1/07)

DOCUMENT # B96000000021

1. Name of Limited Partnership

GULF ISLAND RESORT, L.P., LTD.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
6040 Sea Ranch Drive	6040 Sea Ranch Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hudson, Florida	City & State: Hudson, Florida
Zip: 34667 County: USA	Zip: 34667 County: USA

4. Date Formed or Registered To Do Business in Florida: 1/11/1986

5. FEI Number: 59-316770 ☐ 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 since this office.

Supplemental Fee(s): $60.75 for each year since this office.

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

☑ A $500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $500 penalty fee(s) be waived.

9. Pursuant to the provisions of section 605.0120 or 620.1008, Florida Statutes, I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE 2/3/09
(REGISTERED AGENT MUST SIGN)

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 Dr.	Hudson, FL 34667	p93000004563

REINSTATEMENT 07-09

Q4 2-5-09

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 further file (Name of Corporation) with my authority 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 my signature shall have the same legal effect as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or (Name designated to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE Alex Bistricer DATE 2/3/09

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

FEB. 4. 2009 3:59PM C S C NO. 487 P. 2