	PLEASE REA	AD ALL INS	TRUCTIONS	BEFORE	COMPLET	ING THIS FORM.	
			LORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State			FILED	
	•	0000026	IVISION OF CORPO	RATIONS	99 0	OCT 22 PM 1:23	
	ation Name		• •		SEC	RETARY OF STATE MASSEE. FLORIDA	
CAPIT	OL RESORTS, INC.				1	· · ·	34 1
Principal Place of Business Malling Address					{	0000302676 10/27/990109 ******8.75	i0019 ****8.75
			10605 MAUMELLE BLVD #C Maumelle ar 72113				
	addresses are incorrect in any way, li		nformation and enter		REINS	TATEMENT	gga
			To			orated or Qualified ness in Florida 05/07/1	998
City & Stat		City & State			5. FEI Number 71-0809286 Applied For Not Applicable		
Zip	Country	Zip	Countr	ry	6. CERTIFICATE	e OF STATUS DESIRED \$8.75 Add for a Cer	itional Fee required tilicate of Status
7. Names	and Street Addresses of Each Office						
Title(s)	Name of Officers and/or Directors 2		Street Address of Each Officer and/or Director 3			City / State / Ziq	>
P/b	DEHAVEN, JOHN W	10605 MAUMELLE BLVD #C			MAUMELLE AR 72113		
\$	ALDRIDGE, ANN	10605 MAUMELLE BLVD., #C			MAUMELLE AR 72113		
T	PAES, DAVID	10805 MAUMELLE BLVD., #C			MAUMELLE AR 72113	***************************************	
-00-	TODD, MICHAEL G	10805 MAUMELLE BLYO., #C			MAUMELLE AR 72119		
			4		40	000030267641	
	,					-10/27/990108	3018 **?50.00
Name and Address of Current Registered Agent Name					9. Name and A	Address of New Registered Agent	
2055	ACK, MICHAEL M ESQ WOOD ST #215 ISOTA FL 34237	<u></u>	Street Address (P.O. Box Number is Not Acceptable) 27 FLG T CHER AVE Sulte, Apt. W, Etc.				
·		SARASOTA			State Zip C)237	
Signature of Registered	g appointed the registered agent of the property of Agent	REGISTER DO		ith and accept the o	bligations of Secti	on 607.0505, F.S. Date /0/20/89	
this rein	nstatement application, the reason fo by the corporation have been paid an	r dissolution has beer d the names of Individ	eliminated, the corporations listed on this for	orate name satisfies m do not qualify for	the requirements an exemption und	pter 607 or 617, F.S. I further certify of section 607.0401 or 617.0401, F.S. fer section 119.07(3)(i), F.S. The info	S., that all fees
OH THS	application is true and accurate, and	my aignatiure \$fiali fia	ive une same l egai e ∏	ovi es il made unde	u Jaoi.		KE
SIGNA	TURE: SIGNATURE AND TYPED	Haudh OR PRINTED NAME OF	SIGNING OFFICER OR	DIRECTOR		//4/99 50//29/-	3488