


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K38406			
1. Corporation Name Polo Key West, Inc.			
2. Principal Office Address 4968 Tamiami Trail N. <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address 4968 Tamiami Trail N. <small>Suite, Apt. #, etc.</small>	
City & State Naples, FL		City & State Naples, FL	
Zip 34103	Country U.S.A.	Zip 34103	Country U.S.A.
		4. Date Incorporated or Qualified To Do Business in Florida October 13, 1988	
		5. FEI Number 65-0099730	
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

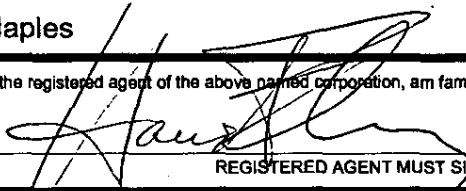
Name Hans F. Levy

Street Address (P.O. Box Number is Not Acceptable) 4968 Tamiami Trail N.

Suite, Apt. #, Etc.

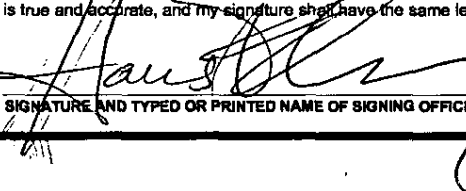
City Naples **State** FL **Zip Code** 34103

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  **REGISTERED AGENT MUST SIGN** **Date** July 22 2003

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/S/T/D	Hans F. Levy	4968 Tamiami Trail N.	Naples, FL 34103

10. 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 filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** July 22 2003 **Daytime Phone #** 239 430 7876

CR2E081 (10/02)