PLEASE READ	ALL INSTRUCTIO	VS BEFORE (	COMPLET	ING THIS FORM VED
APPLICATION FOR 93.96 REINSTATEMENT	FLORIDA DEPARTA Sandra B. M	A DEPARTMENT OF STATE Sandra B. Mortham Secretary of State		ALE
	DIVISION OF COF	RPORATIONS	_	96 DEC 31 PM 12: 38
DOCUMENT # K96/29  1 Corporation Name				SECRETARY OF STATE TALLAHASSEE, FLORIDA
ORLANDO RIVIERA PROPERTIES, INC.				
Principal Place of Business  7061 Grand National Dr. Suite 105-F	Mailing Address 3750 Silver 1 Orlando, Flo			
Orlando, Fl., 32819				
If above addresses are incorrect in any way, line thro  2. New Principal Office Address, If Applicable  Suite, Apt. #, etc.	ough incorrect information and eight and substitution and eight and substitution and eight and e	ng Address, if Applicable		DO NOT WRITE IN THIS SPACE porated or Qualified ness in Florida
City & State	City & State		5. FEI Numbe	Applied For Not Applicable
Zip Country	Žip Co	puntry	6. CERTIFICATI	E OF STATUS DESIRED NO. 10 CONTINUES OF STATUS DESIRED NO. 10 CONTINUES OF STATUS OF S
7 Names and Street Addresses of Each Officer and/officers Name of Officers and/or Directors 2		rporations must list at lea Street Address of Each Officer and/or Director OT Use Post Office Box I	h r	City / State / Zip
Pres. George Lebeaupin	3750 S	3750 Silver Rose Ct. Orlando, Fl., 32808		Orlando, Fl., 32808
Vice pres. George Lebeaupin Same				000020450866 -01/03/9701125015 *******8.75 *******8.75
Secr. George Lebeaupin	Same			000020450866 -01/03/9701125016 ****975.00 *****975.00
Tres. George Lebeaupin	Same			
		REINSTATEMENT 1991		
8. Name and Address of Current F	Registered Agent	Name	9. Name and	Address of New Registered Agent
George Lebeaupin 3750 Silver Rose Ct.		Street Address (P.O. Box Number is Not Acceptable)  3750 611ver Rose 66  Suite, Apt. #, Etc.		
Orlando, Fl., 32808			i.	State   Zip Codo
10 1. being appointed the registered agent of the above gamed corporation, am familiar with and accept the obligations of Section 607.0505, F.S.				
Signature of Progistered Agent Registered Agent MUST SIGN Date 12/26/96				
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No X (Soo other side for information on Intangible tax.)				
. 12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any hability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access, 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., and that all less owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made.				
SIGNATURE: George Lebeaupin Dec. 26, 1996 407 578 6831				