
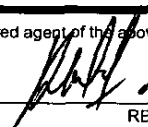
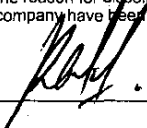


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 04 MAR -3 AM 9:51 SECRETARY OF STATE TALLAHASSEE, FLORIDA 900029809529 03/03/04--01043--008 **310.00																
DOCUMENT # 100000000247																		
1. Limited Liability Company's Name MAGNOLIA RESORT LLC L00000000247																		
2. Principal Office Address 670 E. VINE ST. Suite, Apt. #, etc. City & State KISSIMMEE FLORIDA Zip 34744		3. Mailing Office Address Same Suite, Apt. #, etc. Same City & State FLORIDA Zip Country																
4. State/Country of Formation FLORIDA		5. Date Organized or Qualified To Do Business in Florida 1-7-2000																
6. FEI Number NONE		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status																		
8. Name and Address of Current Registered Agent Name MR. RAJENDRA PRASAD K. PATEL Street Address (P.O. Box Number is Not Acceptable) 670 E. VINE STREET Suite, Apt. #, Etc. City KISSIMMEE State FL Zip Code 34744																		
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent  Date 02/26/04 REGISTERED AGENT MUST SIGN																		
10. Names and Street Addresses of Managing Members/Managers <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Titles</th><th>Name of Managing Members/Managers</th><th>Street Address of Each Managing Member/Manager</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>Director</td><td>MR. RAJENDRA K. PATEL</td><td>SAME AS ABOVE 670 E. VINE ST.</td><td>KISSIMMEE/FL/34744</td></tr><tr><td>Secretary</td><td>MRS. VINAYAK R. PATEL</td><td>SAME AS ABOVE 670 E. VINE ST.</td><td>KISSIMMEE/FL/34744</td></tr><tr><td colspan="4" style="text-align: center;">REINSTATEMENT 01-04</td></tr></tbody></table>			Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	Director	MR. RAJENDRA K. PATEL	SAME AS ABOVE 670 E. VINE ST.	KISSIMMEE/FL/34744	Secretary	MRS. VINAYAK R. PATEL	SAME AS ABOVE 670 E. VINE ST.	KISSIMMEE/FL/34744	REINSTATEMENT 01-04			
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11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 under oath. Signature of Managing Member/Manager  Date 02/26/04 Daytime Phone# 407 933 8124 Typed or printed name of signing Managing Member/Manager MR. RAJENDRA PRASAD K. PATEL																		

CR2ED01 (10/02)