
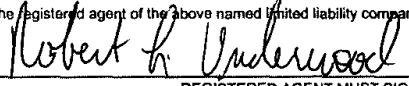
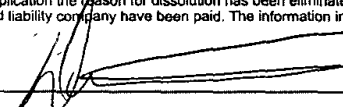


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED OCT 22 PM 12:17	
DOCUMENT # L00000013378						SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Limited Liability Company's Name BAY VILLAS DEVELOPMENT LLC							
2. Principal Office Address 7092 Placida Road Suite, Apt. #, etc.				3. Mailing Office Address 7092 Placida Road Suite, Apt. #, etc.			
City & State Cape Haze, Florida				City & State Cape Haze, Florida			
Zip 33946		Country USA		4. State/Country of Formation Florida - USA		5. Date Organized or Qualified To Do Business in Florida 10/30/2000	
6. FEI Number 65-1051833		Applied For <input type="checkbox"/> Not Applicable		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status			

REINSTATEMENT 2001

8. Name and Address of Current Registered Agent		
Name ROBERT L. UNDERWOOD		
Street Address (P.O. Box Number is Not Acceptable) 537 East Park Avenue		
Suite, Apt. #, Etc.		
City Tallahassee,	State FL	Zip Code 32301

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	
REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr	Island Harbor Resort Management, Inc.	7092 Placida Road	Cape Haze, FL 33946
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 10/18/01 Daytime Phone # (941) 697-7207	
Typed or printed name of signing Managing Member/Manager DEAN L. BECKSTEAD, as President			

CR2E041 (9/00)