AH: 1-954-581 4939

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2006 NOV 13 P 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (12/05)

DOCUMENT # L01000012650

1. Corporation Name
JAMICA RESORTS LLC
NAME CHANGE TO
WIND MILL RANCH LLC

2. Principal Office Address	3. Mailing Office Address
1802 - North University Dr.	1802 - North University Dr.
Suite, Apt. #, etc.: #226	Suite, Apt. #, etc.: #226
City & State: PLANTATION FL	City & State: PLANTATION FL
Zip: 33322 Country: USA	Zip: 33322 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-1126402 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: SAVITA REZERIE
Street Address (P.O. Box Number is Not Acceptable): 1802 NORTH UNIVERSITY DR
Suite, Apt. #, Etc.: #226
City: PLANTATION State: FL Zip Code: 33322

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0501, F.S.

Signature of Registered Agent _____ Date 000081712580 11/13/06--01008--006 **200.00

REGISTERED AGENT MUST SIGN

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
CEO	SAVITA REZERIE	1802 - North University Dr	PLANTATION FL 3332
M	SAVITA REZERIE	1802 - North University Dr	PLANTATION FL 3332

REINSTATEMENT 05/06

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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 contained in Chapter 119, 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: _____ 6 NOV 2006 518-4669972

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #