## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			FILED  04 JUL 20 PM 1: 38		
DOCUMENT # L 02 0000 3170  1. Limited Liability Company's Name				CA TANY OF STATE LAHASSEE FLORIDA	
INTERNATIONAL RESORT MGMT, LLC					
2. Principal Office Address 3. Mailing C		Office Address			7/20
404 CAMINO DEL RIO S.	uTH .	SAME		ntry of Formation	
Suite, Apt. #, etc.  LITH FLOOR  Suite, Apt. #, etc.		5.		inized or Qualified siness in Florida	
City & State City & State		-		ner l	Applied For
SAN DIEGO, CA	Zip	Country	33-	0965544	Not Applicable
92108 USA		Country	7. CERTIFICAT	E OF STATUS DESIRED (\$5.00 Add	litional Fee required ertificate of Status
8. Name and Address of Current Registered Agent					
Name CHRISTOP	HER HA	RRINGTO	$\sim$		
Chrost Address (D.O. Day Number is N	at descriptor)	BLVD.		1505	
Suite, Apt. #, Etc.	SI-OW TIELD	DLVD.	JULITE	7303	
FORT LAUDERDALE				State Zip Code FL 33301	
9. I, being appointed the registered agent of the abo		ompany, am familiar with and a	accept the obliga	<u> </u>	10/02)
Signature of Registered Agent	GISTERED AGENT MUST	lugton,		Date	PO - CR2EO41 (19/02
10. Names and Street Addresses of Managing Men					
Titles Name of Managing Members/Managi	ers	Street Address of Each Managing Member/Managing		City / State / Zip	
CAMPU JOHN SMAL	L 404 C	CAMINO DEL	Rio S.	SAN DIEGO,C	A 92108
					<u> </u>
			07/20.	003933910;  0401042003 ***	8 200.00
		_		2002:	
		n THE TAT	TARE	8024	İ
		ELTONIO HAR	Total Street Str		
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 filling 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 7/1/04 Daytime Phone# 619-683-2470					
Typed or printed name of signing Managing Member/Manager John SMALL					