

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

1. DOCUMENT # L02000012964

Name and Mailing Address

0011180 01 AT 0.292 **AUTO H1 1 0615 34293-500299



CARIBBEAN BAY CLUB, LLC
1901 SOUTH TAMiami TRAIL
VENICE FL 34293-5002

FILED
2003 NOV 20 AM 9:54
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



2003

CR2E084 (7/03)

2. New Mailing Address 899 Knights Trail City, State, Zip N. Venice, FL 34275		4. State/Country of Formation FL	
Principal Place of Business 1901 SOUTH TAMiami TRAIL VENICE FL 34293		5. Date Organized or Qualified To Do Business in Florida 05/28/2002	
3. New Principal Place of Business Address 899 Knights Trail Rd. City, State, Zip N. Venice, FL 34275		6. FEI Number 32-0016711 Applied For Not Applicable	
8. Name and Address of Current Registered Agent GUNDERSON, MIKO P ESQ. 1901 SOUTH TAMiami TRAIL VENICE FL 34293		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		10. 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 10/24/03	
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEMR	Jacques Cloutier	1901 S. Tamiami Tr.	Venice, FL 34293
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REINSTATEMENT 2003			

12. 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

REQUIRED
JACQUES CLOUTIER, MEMR

Date 10/24/2003 Daytime Phone # 941-493-2600

Typed or printed name of signing Managing Member/Manager