


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 04 JAN 29 AM 9:53 SECRETARY OF STATE TALLAHASSEE FLORIDA	
DOCUMENT # L02 000033299					
1. Limited Liability Company's Name Regal Palms Club, LLC					
2. Principal Office Address 9230 W. US Highway 192 Suite, Apt. #, etc.		3. Mailing Office Address 9230 W. US Highway 192 Suite, Apt. #, etc.		4. State/Country of Formation Florida, USA	
City & State Clermont, Florida		City & State Clermont, Florida		5. Date Organized or Qualified To Do Business in Florida 12/11/2002	
Zip 34711 Country USA		Zip 34711 Country USA		6. FEI Number 61-1438324 <div style="float: right;"><input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable</div>	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status					
8. Name and Address of Current Registered Agent					
Name Robert S. Hayes					
Street Address (P.O. Box Number is Not Acceptable) 441 West Vine Street 400027892344					
Suite, Apt. #, Etc. 01/23/04-01059-005 **200.00					
City Kissimmee State FL Zip Code 34741					
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 <u>Robert S. Hayes</u> Date <u>1/23/04</u> 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	Richard Wilkes	9230 W. US Highway 192	Clermont, FL 34711		
mgr	Russel Christner	9230 W. US Highway 192	Clermont, FL 34711		
mgr	Geoffrey North	9230 W. US Highway 192	Clermont, FL 34711		
mgr	Christopher North	9230 W. US Highway 192	Clermont, FL 34711		
		REINSTATEMENT 03-04 dec			
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 <u>Richard Wilkes</u> Date <u>1/23/04</u> Daytime Phone # <u>407-424-8411</u>					
Typed or printed name of signing Managing Member/Manager <u>RICHARD WILKES</u>					

CR2E041 (10/02)