PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 SEP 15 AM 8:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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08/05/09--01029--003 **555.00

CR2E041 (10/08)

DOCUMENT # L05-84237

1. Limited Liability Company's Name
ISLAND RESORT, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
180 SUNRISE DRIVE	POST OFFICE BOX 1258
Suite, Apt. #, etc.: PO BOX 1258	Suite, Apt. #, etc.
City & State: TAVERNIER, FLORIDA	City & State: TAVERNIER, FLORIDA
Zip: 33070 Country: UNITED STATES	Zip: 33070-1258 Country

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 08/25/2005

6. FEI Number: 20-3360283 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee Required

8. Name and Address of Current Registered Agent

Name: CHARLES F SPOSATO
Street Address (P.O. Box Number is Not Acceptable): 180 SUNRISE DRIVE
Suite, Apt. #, Etc.: PO BOX 1258
City: TAVERNIER State: FL Zip Code: 33070

☒ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: [signature] Date: 08/03/2009
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
MANAGING MEMBER	CHARLES F SPOSATO	180 SUNRISE DRIVE	TAVERNIER, FL 33070

REINSTATEMENT 08-09
L. SELLERS
SEP 16 2009
EXAMINER

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: [signature] Date: 08/03/2009 Daytime Phone #: (443) 553-7733

Typed or printed name of signing Managing Member/Manager: CHARLES F SPOSATO