


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

LIMITED LIABILITY COMPANY REINSTATEMENT UBB		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 01 NOV -9 PM 12:17 SECRETARY OF STATE TALLAHASSEE, FLORIDA																													
DOCUMENT # L97-290																																	
1. Limited Liability Company's Name Cottages of Gentle Breeze, L.C.																																	
2. Principal Office Address 9416 N. Gentle Breeze Loop Citrus Springs, FL 34434 Suite, Apt. #, etc. N/A City & State Citrus Springs, FL. Zip 34434 Country USA		3. Mailing Office Address Same as Principal Office Suite, Apt. #, etc. N/A City & State Zip Country		4. State/Country of Formation Florida - USA 5. Date Organized or Qualified To Do Business in Florida 6. FEI Number 59-3431189 Applied For Not Applicable 7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$50.00 Additional Fee required for a Certificate of Status																													
8. Name and Address of Current Registered Agent Name Robert L. Schmidt Street Address (P.O. Box Number is Not Acceptable) 9416 N. Gentle Breeze Loop Suite, Apt. #, Etc. City Citrus Springs State FL Zip Code 34434 500004695485-0 -11/27/01--01067--015 *****50.00 *****50.00																																	
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 Robert L. Schmidt Date 10/30/01 REGISTERED AGENT MUST SIGN																																	
10. Names and Street Addresses of Managing Members/Managers <table border="1"><thead><tr><th>Titles</th><th>Name of Managing Members/Managers</th><th>Street Address of Each Managing Member/Manager</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>G.M.</td><td>Robert L. Schmidt</td><td>9416 N. Gentle Breeze Loop</td><td>Citrus Springs, FL 34434</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>						Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	G.M.	Robert L. Schmidt	9416 N. Gentle Breeze Loop	Citrus Springs, FL 34434																				
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G.M.	Robert L. Schmidt	9416 N. Gentle Breeze Loop	Citrus Springs, FL 34434																														
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 Robert L. Schmidt Date 10/30/01 Daytime Phone # (352) 489-5539 Typed or printed name of signing Managing Member/Manager Robert L. Schmidt																																	

CR2E041 (9/01)