
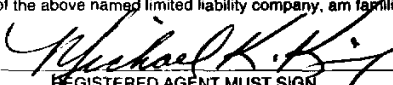
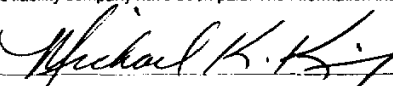


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # L98000002312</b>			
<b>1. Limited Liability Company's Name</b> <div style="text-align: center; font-size: 1.2em; font-weight: bold;">ALL RESORT RESOURCES LLC</div>			
<b>2. Principal Office Address</b> 12753 Idaho Woods Lane Suite, Apt. #, etc. _____ City & State Orlando, Florida Zip 32824 Country USA		<b>3. Mailing Office Address</b> 12753 Idaho Woods Lane Suite, Apt. #, etc. _____ City & State Orlando, Florida Zip 32824 Country USA	
<b>4. State/Country of Formation</b> Florida USA		<b>5. Date Organized or Qualified To Do Business in Florida</b> OCT 19, 1998	
<b>6. FEI Number</b> 59-353-704-1		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <small>\$5.00 Additional Fee required for a Certificate of Status</small>	
<b>8. Name and Address of Current Registered Agent</b>			
Name MICHAEL K. KING		FF \$150.00	
Street Address (P.O. Box Number is Not Acceptable) 12753 Idaho Woods Lane		CUS 5.00	
Suite, Apt. #, Etc. _____			
City Orlando		State FL	Zip Code 32824
<b>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.</b>			
Signature of Registered Agent 		Date OCT 30, 1999	
REGISTERED AGENT MUST SIGN			
<b>10. Names and Street Addresses of Managing Members/Managers</b>			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	MICHAEL K. KING	12753 IDAHO WOODSLANE	ORLANDO FLORIDA 32824
MGRM	PATRICIA F THOMPSON	12753 IDAHO WOODSLANE	ORLANDO FLORIDA 32824
			500003040135--S -11/09/99--01083--001 ****155.00****155.00
			REINSTATEMENT
			Oct 11/3
<b>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.</b>			
Signature of Managing Member/Manager 		Date OCT 30, 1999 Daytime Phone # 407-859-5146	
Typed or printed name of signing Managing Member/Manager		Michael K King	

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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