L99000009007

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 APR -3 PM 4:18

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L99000009007

1. Limited Liability Company's Name

St. Joe Sands, L.L.C.

REINSTATEMENT 2000-2003

500015282695
04/03/03--01029--023 **300.00

2. Principal Office Address	3. Mailing Office Address	4. State/Country of Formation
11010 W.Cove Harbor	899 Secluded Dunes Dr.	Florida
Suite, Apt. #, etc.: Drive, #17	Suite, Apt. #, etc.:	6. Date Organized or Qualified To Do Business in Florida: 12/16/99
City & State: Crystal River, FL	City & State: Port St. Joe, Florida	5. FEI number: [ ] Applied For [ ] Not Applicable
Zip: 34269 County: USA	Zip: 32456 Country: Gulf	7. CERTIFICATE OF STATUS DESIRED [ ]

8. Name and Address of Current Registered Agent

Name: J. Patrick Floyd

Street Address (P.O. Box Number is Not Acceptable): 408 Long Avenue

Suite, Apt. #, Etc.:

City: Port St. Joe | State: FL | Zip Code: 32456

9. I being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: J. Patrick Floyd — REGISTERED AGENT MUST SIGN — Date: 3/28/03

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	William W. Simpson	899 Secluded Dunes Drive	Port St. Joe, FL 32456
MGRM	Thomas Landry	25178 Genessee Trail Road	Evergreen, CO 80410
	REINSTATEMENT 2000-2003		

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 608.408, 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: William W. Simpson — Date: 3-24-2003 — Daytime Phone #: 850-229-7991

Typed or printed name of signing Managing Member/Manager: William W Simpson