


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

**FILED**

00 DEC -8 AM 11:02

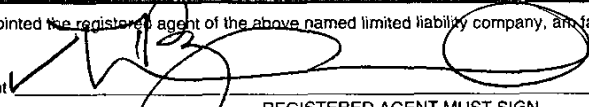
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 2000

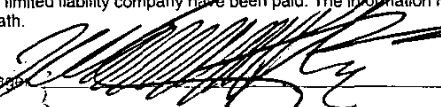
<b>DOCUMENT #</b> M99000001531			
<b>1. Limited Liability Company's Name</b> Serenity Bay Lodge, LLC,			
<b>2. Principal Office Address</b> 11260 Jacana Court #2001 Suite, Apt. #, etc. Gulf Harbor... City & State Fort Myers, Florida Zip 33908		<b>3. Mailing Office Address</b> Suite, Apt. #, etc. City & State Country	

<b>4. State/Country of Formation</b> Arizona	
<b>5. Date Organized or Qualified To Do Business in Florida</b> 9/29/99	
<b>6. FEI Number</b> 86-0966243	<b>Applied For</b> Not Applicable
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	

<b>8. Name and Address of Current Registered Agent</b>	
Name Timothy J. Bruehl, Esq.	
Street Address (P.O. Box Number is Not Acceptable) 5400 Pine Island Road, Suite D	
Suite, Apt. #, Etc.	
City Bokeelia,	State FL
Zip Code 33922	

<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 December 4, 2000
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
MGRM	William G. Armstrong	11260 Jacana Ct., #2001 Gulf Harbor	Ft. Myers, FL 33908
MGRM	William B. Hurst	7280 Oakwood Pines Drive	Flagstaff, AZ 86004

<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 12/3/00
Daytime Phone # 941-985-0407	
Typed or printed name of signing Managing Member/Manager William G. Armstrong, Managing Member	

CR2E041 (9/99)