PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

SECRETARY OF STATE DIVISION OF CORPORATIONS

03 DEC -4 AM 8: 00

Corporation Name

DAYTONA BEACH REGENCY ASSOCIATION, INC.

	1			55	88	99	1	
2.	$^{\prime 1}$	0/03	01	042 -	011	津来	245.	00

3. Valuing Office Address 3865 W. Cheyenne Ave. 4. Date Incorporation of Qualified To Do Susiness in Forda O9/12/96 3865 W. Cheyenne Ave. 3865 W. Cheyenne Ave. 4. Date Incorporation of Qualified To Do Susiness in Forda O9/12/96 3865 W. Cheyenne Ave. 3865 W. Cheyenne Ave. 4. Date Incorporation of Qualified To Do Susiness in Forda O9/12/96 3865 W. Cheyenne Ave. 3865 W. Cheyenne Ave. 4. Date Incorporation of Qualified O9/12/96 3865 W. Cheyenne Ave. 3865 W. Cheyenne Ave. 4. Date Incorporation of Qualified O9/12/96 3865 W. Cheyenne Ave. 4. Date Incorporation of Qualified O9/12/96 3875 Additional Fast require To Not Applicable Officer and Address of Current Registered Agent 7. Name and Address of Current Registered Agent 889032 7. Name and Address of Current Registered Agent 889032 7. Name and Address of Current Registered Agent 889032 889032 889032 889032 889032 889032 889032 889032 8990				•	12/1	U/U3~~U1U4Z~~U1.	1 準率と45、00	
Suite, Apt. #, etc. City & State North Las Vegas, NV North Las Vegas, NV North Las Vegas, NV Suite North Las Vegas, NV North Las Vegas, NV Suite No	•		1	1		STATEME	VT 03	
North Las Vegas, NV 23-2832062 Not Applicable	City & Stat	е			4. Date Incorporated or Qualified To Do Business in Florida 09/12/96			
Size								
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City Plantation State Plantation State FL 33324 8. I, being appointed the registered agent of the above named corporation, and applicate with and accept the obligations of section 607.0505 or 617.0503, F.S. INN. COPEN ASSISTANT SECRETARY Date ASSISTANT SECRETARY Signature of Registered Agent Registered Agent Registered Agent Name of Officer and/or Directors Officer and/or Directors Officer and/or Directors Officer and/or Director Name of Officer and/or Director Officer and/or Director North Las Vegas, NV 89032 D/P/T Steven E. West 3865 W. Cheyenne Ave. North Las Vegas, NV 89032 D/S Frederick C. Bauman 3865 W. Cheyenne Ave. North Las Vegas, NV 89032	1 '		'	1	6. CERTIFICAT			
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City Plantation State Plantation State Signature of ASSISTANT SECRETARY Signature of Registered Agent and/or Director (Florda nonprofit corporations must list at least 3 directors) Titles Name of Officers and/or Directors Officer and/or Director D/P Nicholas J. Benson 3865 W. Cheyenne Ave. North Las Vegas, NV 89032 D/S Frederick C. Bauman 3865 W. Cheyenne Ave. North Las Vegas, NV 89032			7.	Name and Address of Current Re	gistered Agent	····		
Suite. Apt. #, Etc. City Plantation 8. I, being appointed the registered agent of the above named corporation, and arrillar with and accept the obligations of section 607.0503 or 617.0503, F.S. ASSISTANT SECRETARY Plantation ASSISTANT SECRETARY Date 1/26.03 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Name of Officers and/or Directors Officers and/or Director Agent Address of Each Officer and/or Director Agent Agent Address of Each Officer and/or Director Agent Agent Address of Each Officer and/or Director Agent Address of Each Officer and/or Director Agent Agent Address of Each Officer and/or Director Agent A	•	Name CT Corporation	System					
City Plantation State Zip Code 333324 8. I, being appointed the registered agent of the above named corporation, are familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. ASSISTANT SECRETARY Date Value Value		Street Address (P.O. Box Number	is Not Acceptable)	1200 South Pine Isla	and Road			
8. I, being appointed the registered agent of the above named corporation, an familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent ASSISTANT SECRETARY Date Dat		Suite, Apt. #, Etc.				miles .		
Signature of Registered Agent ASSISTANT SECRETARY Pate Malor Signature of Registered Agent Must sign 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles		City Plantation		State Zip Code FL 33324				
Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director Officer and/or Director North Las Vegas, NV 89032 D/P Nicholas J. Benson 3865 W. Cheyenne Ave. North Las Vegas, NV 89032 D/VP/T Steven E. West 3865 W. Cheyenne Ave. North Las Vegas, NV 89032 D/S Frederick C. Bauman 3865 W. Cheyenne Ave. North Las Vegas, NV 89032	Signature of		}	ASSISTANT SECRETARY	the obligations of sec		s.	
D/P Nicholas J. Benson 3865 W. Cheyenne Ave. North Las Vegas, NV 89032 D/VP/T Steven E. West 3865 W. Cheyenne Ave. North Las Vegas, NV 89032 D/S Frederick C. Bauman 3865 W. Cheyenne Ave. North Las Vegas, NV 89032	9. Name:	s and Street Addresses of Each Office	r and/or Director (F	orida nonprofit corporations must lis	st at least 3 directors)			
D/VP/T Steven E. West 3865 W. Cheyenne Ave. North Las Vegas, NV 89032 D/S Frederick C. Bauman 3865 W. Cheyenne Ave. North Las Vegas, NV 89032	Titles		tors			City / Sta	te / Zip	
D/S Frederick C. Bauman 3865 W. Cheyenne Ave. North Las Vegas, NV 89032	D/P	Nicholas J. Benson		3865 W. Cheyen∩e Ave.		North Las Vegas, NV 89032		
	D/VP/T	T Steven E. West		3865 W. Cheyenле Ave.		North Las Vegas, NV 89032		
10. Legrify that Lam an officer or director or the receiver or trustee empowered to execute this application as provided for in chanter 607 or 617. E.S. Lighther certify that when filling	D/S	Frederick C. Bauman		3865 W. Cheyenne Ave).	North Las Vegas, N	V 89032	
10. Legrify that Lam an officer or director or the receiver or trustee empowered to execute this application as provided for in chanter 607 or 617. E.S. Liudher certify that when filling								
10. Licertify that Lam an officer or director or the receiver or trustee empowered to execute this application as provided for in chanter 607 or 617. F.S. Lighther certify that when filling				-	· · · · · · · · · · · · · · · · · · ·			
	10. Licertif	v that I am an officer or director or the	ereiver or trustee e	monwered to execute this application	n as provided for in ch	enter 607 or 617 F.S. Lforther	certify that when filing	

this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated

Frederick C. Bauman, S SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

11/18/03

(702) 806-8600

Daytime Phone #