


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000078869			
1. Corporation Name Riviera Dunes Land Asset Holdings Inc.			
2. Principal Office Address 742 - 2nd Ave S. Suite, Apt. #, etc.		3. Mailing Office Address 742 - 2nd Ave S. Suite, Apt. #, etc.	
City & State St Petersburg, FL		City & State St. Petersburg, FL	
Zip 33701	Country U.S.A.	Zip 33701	Country USA

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

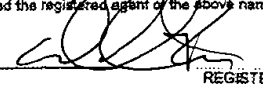
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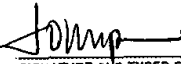
4. Date Incorporated or Qualified To Do Business in Florida 8-21-00	
5. FEI Number 59-3677473	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$0.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name WILLIAM K. THRG.	
Street Address (P.O. Box Number is Not Acceptable) 100 N. TAMPA STREET 101 EAST KENNEDY BLVD.	
Suite, Apt. #, Etc. 3500 2800	
City TAMPA	State FL
Zip Code 33602	

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.	
Signature of Registered Agent 	Date 10/12/01
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	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
V.PRES.	John M. Prosser	742-2nd Ave. S.	St. Petersburg FL 33701
PRES.	Frank S. Maggio	742-2nd Ave. S.	St. Petersburg FL 33701
			900004694159--8
			-11/27/01--01003--016
			***\$600.00 ***\$600.00

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further 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)(f), F.S. 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:  JOHN M PROSSER	Date 10/11/01	Daytime Phone # 727 541 1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		