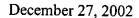
PLEASE READ ALL INSTRUCTIONS DEFORE COMPLETING THIS FORM.

		2 4 7 0 1 1 0 0 0 1	W EETIIVO TITIOT	Ortivi.		
CORPORATION REINSTATEMENT	FLORIDA DEPARTMEN Jim Smith Secretary of Si DIVISION OF CORPOR	tate .	O3 _{FEB 2(}	FILED O PH 12: 56		
DOCUMENT # P000000 89225			SECRETARY.			
1. Corporation Name			SECRETARY OF STATE TALLAHASSFE, FLORIDA			
1. Corporation Name Coastal Resort Manuagment		2127		- FLORIDA		
	<u> </u>					
2. Principal Office Address	3. Mailing Office Address	<u> </u>				
912 NE 81 St.	912 NE 81	<i>></i> 1°,				
Suite, Apt. #, etc.	Suite, Apt. #, etc.					
City & State			Date Incorporated or Qualified To Do Business in Florida	9/8/2000		
Miami FL	City & State Miani FC	5. F	El Number	Applied For		
Zip Country	Zip Countr	v		Not Applicable		
33138 Country	33138	´ 6,	ERTIFICATE OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status		
	7. Name and Address of	of Current Registered Age	ent			
Name	, C . Oc			**************************************		
Street Address (P.O. Box Number is Not Acceptable)						
Street Address (P.O. Box Number is Not Acceptable) 9/2 NE 8/ St. 01/02/0301011003 **550.00						
Suite, Apt. #, Etc.	-					
Mi ami	744		State Zip Coo			
8. I, being appointed the registered agent of the abo	ve named corporation, am familiar wit	h and accept the obligation	s of section 607.0505 or 617.0	0503, F.S.		
Signature of Registered Agent	Signature of Registered Agent			gations of section 607.0505 or 617.0503, F.S.		
	EGISTERED AGENT MUST SIGN		Date	121105		
9. Names and Street Addresses of Each Officer an	d/or Director (Florida nonprofit corpora	tions must list at least 3 dir	ectors)			
Titles Name of Officers and/or Directors		et Address of Each cer and/or Director	(City / State / Zip		
Director Thuy-Ai	T. Squipe 912	LNE 81 St.	Miani	FC 33138		
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1110		741111111111111111111111111111111111111		- THE COLUMN TWO IS NOT THE COLUMN TWO IS NO		
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10. I certify that I am an officer or director or the receithis reinstatement application, the reason for dissowed by the corporation have been paid and the on this application is true and accurate, and my si	Diution has been eliminated, the corpor names of individuals listed on this form	ate name satisfies the requi	frements of section 607 0404 a	r C17 0404 E C. that all food		
人()			100/	1		
SIGNATURE:	UTED MANE OF ALL MANE A		12/07/02	305-532-1516		
SIGNATURE AND TYPED OR PRI	NTED NAME OF SIGNING OFFICER OR DI	RECTOR	Date *	Daytime Phone #		



I have been informed that my check and re-instatement application were returned on September 17, 2002. However, I have not to this date received the returned items or any correspondence. I therefore request that the re-instatement fee be waived and the new application and check be processed at your earliest convenience.

Thank you,

Thuy-Ai Squire

Coastal Resort Management Inc.