PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith: • •

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P0100006323

1. Corporation Name

MASTERS DEVELOPMENT SIESTA KEY, INC.

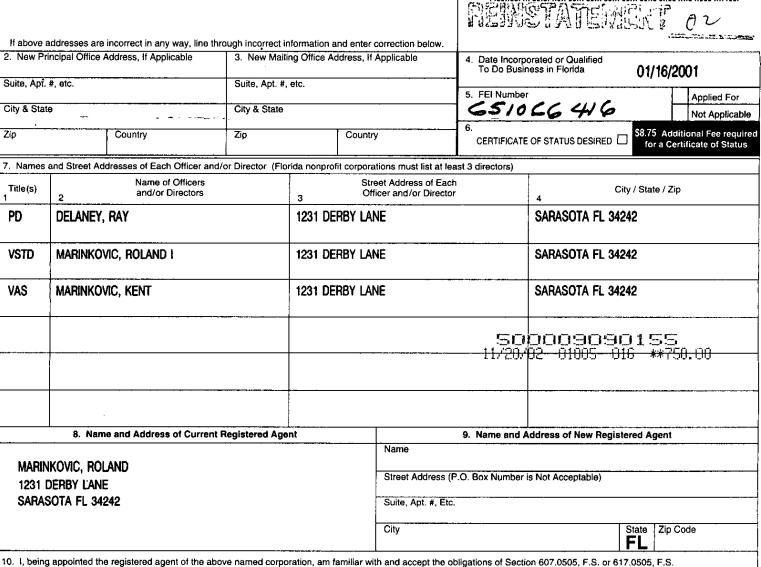
Principal Place of Business

Mailing Address

1231 DERBY LANE SARASOTA FL 34242 1231 DERBY LANE SARASOTA FL 34242 FILED

02 NOV 20 AM 8: 43

SECRETARY OF STATE TALLAHASSEE, FLORIDA



CR2E040 (8/02)

11. 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)(i), 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

Signature of Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICIAL OR DIRECTOR DELLEY / 13/02 (94) 344-C02