

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JAN 27 PM 3:41

DOCUMENT # P01000034517

1. Corporation Name

Shana Resorts, Inc.

2. Principal Office Address

4309 N Tamiami Trail

Suite, Apt. #, etc.

City & State

Sarasota FL

Zip

34234

Country

USA

3. Mailing Office Address

4309 N Tamiami Trail

Suite, Apt. #, etc.

City & State

Sarasota FL

Zip

34234

Country

USA

REINSTATEMENT *0204*

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/30/2001

5. FEI Number

NA

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Rajendra Patel

Street Address (P.O. Box Number is Not Acceptable)

4309 N Tamiami Trail

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34234

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

[Signature]

Date *January 26, 2004*

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
<i>D</i>	<i>Rajendra Patel</i>	<i>4309 N Tamiami Trail Sarasota FL 34234</i>	
<i>D</i>	<i>Dipt Patel</i>	<i>4309 N Tamiami Trail Sarasota FL 34234</i>	

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)(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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Jan 26, 2004

Daytime Phone #

941-355-9326

CR2E081 (10/02)