

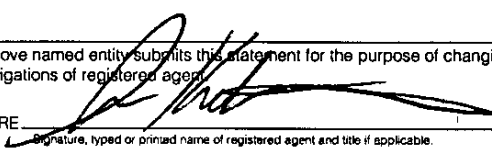
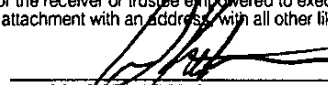


\$150.00

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000004012						FILED 05 DEC 19 AM 11:30 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name SISTERS R.V. RESORT, INC.							
Principal Place of Business 215 WESTMINSTER ROAD WEST PALM BEACH, FL 33405				Mailing Address 215 WESTMINSTER ROAD WEST PALM BEACH, FL 33405			
2. Principal Place of Business 3201 SE 34 th AVE Suite, Apt. #, etc. OKEECHOBEE, FL City & State 34974 USA		3. Mailing Address 3201 SE 34 th AVE Suite, Apt. #, etc. OKEECHOBEE, FL City & State 34974 USA					
Zip Country		Zip Country		12142005 REIN-P CR2E098 (6/04)		4. FEI Number 80-0019096	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable			
6. Name and Address of Current Registered Agent KREITMAN, ALAN 215 WESTMINSTER ROAD WEST PALM BEACH, FL 33405				7. Name and Address of New Registered Agent Name ALAN KREITMAN ALAN KREITMAN Street Address (P.O. Box Number is Not Acceptable) 1417 ALPHA COURT City WEST PALM BEACH FL Zip Code 33406			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE 				DATE 12/15/05			
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KREITMAN, ALAN 215 WESTMINSTER ROAD WEST PALM BEACH, FL 33405	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	KREITMAN, ALAN 1417 ALPHA COURT WEST PALM BEACH, FL 33406	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHEEVER, JAMES 1420 PALM CIRCLE WEST PALM BEACH, FL 33406	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000062325400 12/21/05-01030-002 ***300.00 12/20			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 				ALAN KREITMAN 12/15/05 561/312-7258			